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ONE HUNDRED AND NINETEENTH
ANNUAL REPORT

of the

South Carolina State
Hospital

For The Year Ending June 30, 1942

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PRINTED UNDER THE DIRECTION OF THE
JOINT COMMITTEE ON PRINTING
GENERAL ASSEMBLY OF SOUTH CAROLINA

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South Carolina State
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JOINT COMMITTEE ON PRINTING
GENERAL ASSEMBLY OF SOUTH CAROLINA

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J. Calvin Rivers	Chesterfield
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Clinical Director

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Assistant Physician, State Park

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*J. T. CUTTINO, M.D.

Assistant Physician and Pathologist

ROBERT BURROWS, Ph.D.

Parasitologist

C. M. DOUGLAS, D.D.S.

Dentist

E. R. HARRIS

Pharmacist

H. C. ALLISON

Technician Laboratory-X-ray

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Social Workers

MISS BEULAH L. GARDNER, R.N.

Directress of Nurses

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T. F. STEVENSON

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REV. J. OBERT KEMPSON

Chaplain

*On leave of absence, Medical Corps, United States Army.

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GEORGE BUNCH, M.D.
ROGER G. DOUGHTY, M.D.
LEGRAND GUERRY, M.D.

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*O.B. MAYER, M.D.
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B. D. CAUGHMAN, M.D.

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AUSTIN T. MOORE, M.D.

Dermatology

J. R. ALLISON, M.D.

Rontgenology

MALCOLM MOSTELLER, M.D.
T. A. PITTS, M.D.
FLOYD D. RODGERS, M.D.

Pathology

K. M. LYNCH, M.D.
H. H. PLOWDEN, M.D.

*Medical Corps, United States Army.

MAJOR DAN'L. LESESNE SINKLER

The news of the sudden death of Major Dan'l. Lesesne Sinkler at his home in Charleston on the morning of February 21, 1942 was a great shock and brought sadness to the hearts of his fellow members of the Board of Regents, the medical staff, and the entire personnel of the South Carolina State Hospital.

Major Sinkler was appointed a member of the Board of Regents of the South Carolina State Hospital by the late Governor John G. Richards on October 29, 1930.

He served the hospital faithfully and well until his death, being re-appointed by the late Governor Ibra C. Blackwood on May 27, 1932, and by Governor Olin D. Johnston on March 8, 1938.

In all he served 11 years, 3 months and 22 days. During all of this time his interest in the hospital and the welfare of the patients was ever keen, and showed his deep desire to be of help to the mentally ill.

He was faithful and prompt in his attendance at the meetings, and if for any reason he could not be present, word would always come from him expressing his regrets.

In the Board's deliberations his judgment was sound and his counsel wise, making him a valuable member. His long experience in public affairs in Charleston and in South Carolina, and his wide acquaintance throughout the State, gave him an unusual insight into what the public's reaction to various problems affecting the hospital would be and was of the greatest value to the Board of Regents in its public relations. In his death the Board feels a great loss and recognizes that the mentally sick have lost an understanding and loyal friend.

Therefore, be it resolved:

That as an expression of our appreciation of his services, and of our regard for him, that this tribute be recorded in our Minutes, and that a copy be sent to his family.

THE BOARD OF REGENTS

SOUTH CAROLINA STATE HOSPITAL

March 28, 1942.



MAJOR DAN'L LESSESNE SINKLER

Charleston, S. C.

Born September 8, 1865

Died February 21, 1942

REPORT OF THE REGENTS

Columbia, S. C., July 1, 1942.

To His Excellency, Richard M. Jefferies, Governor of South Carolina.

In compliance with the statutory provisions, the Board of Regents of the South Carolina State Hospital hereby submits to you for transmission to the Legislature the one hundred and nineteenth annual report for the year 1941-1942.

With the report will be found that of the superintendent giving in detail the operations of the several departments.

CHANGES IN PERSONNEL, BOARD OF REGENTS

In October 1941 Mr. John A. Zeigler of Florence, who had been a member of the Board since February 18, 1940, resigned because of having accepted a position in Charleston.

Mr. J. Calvin Rivers of Chesterfield was appointed as his successor by Governor Burnet R. Maybank on October 24, 1941.

On February 21, 1942 a valued member of the Board, Major Dan'l. L. Sinkler of Charleston, passed away. In the minutes of the meeting held April 9 is incorporated the Resolution by the Board expressing regret at Major Sinkler's death and appreciation of his services to the hospital.

His photograph and the Resolution appear elsewhere in this report as a further tribute to his memory.

He was succeeded by Mr. T. Wilbur Thornhill of Charleston appointed by Your Excellency on March 4, 1942.

PAST YEAR DIFFICULT ONE

The past year has been an exceedingly difficult one for the hospital. Due to the demands of the armed services for doctors, nurses and hospital attendants many of our people have left the hospital, and difficulty has been found in filling their places with competent individuals. In addition to those who have gone into the armed services the high wages and salaries offered by various branches of the Federal Government in its program for winning the war has further depleted our forces in all departments. Under the appropriation made by the Legis-

lature for the support of the hospital, based upon the requests of the institution as set out in the budget and presented to the Ways and Means and Finance Committees, it is impossible for the hospital to compete on the wage scale now offered in other fields for the same type of work. In spite of this, however, and due to the untiring efforts and work of the superintendent and the entire staff of the hospital, medical and otherwise, we are glad to report that the hospital has been able to maintain fairly well its standard of service.

We are gratified to again report that during the year there were no serious epidemics nor an unusually high death rate.

In the superintendent's report will be found the statistical data which covers the various phases of the hospital's work, and we earnestly request that each member of the Legislature acquaint himself with these facts in order that the problems of the hospital may be understood and successfully met.

BUILDING PROGRAM

As has been pointed out in successive reports of the Board of Regents for a number of years, the hospital has been badly overcrowded.

This overcrowding has been a source of great concern to the superintendent and to the Board because in many ways it interferes with the efficient care of the patients.

Being conscious of this situation the Legislature in 1941 authorized the Board of Regents to issue \$550,000.00 worth of bonds for the purpose of constructing additional buildings at the State Hospital, including both the Columbia unit and State Park, and at the S. C. State Training School, giving to the Board of Regents the authority to allocate to the various institutions the number and type of buildings and the necessary equipment therefor.

It was found necessary to have a test case in the Supreme Court before these bonds could be sold, but we are glad to report that the tribunal decided in favor of the validity of the bonds, and following that decision, the bonds were sold at a favorable figure.

We were then confronted with the problem of getting critical material for construction, and without going into detail, the Board exhausted every possible avenue with the various

Federal agencies to get favorable action on the requests. We found it impossible to get steel and as a result had to forego the erection of a building for the criminal insane.

Finally, after repeated conferences with the government officials in Washington and here we were allowed to erect buildings using such materials as were available in this section.

These buildings are not entirely fireproof, but are classed by architects and engineers as "slow burning". The Board was confronted with the problem of whether or not this type of building should be erected or the matter deferred until after the war was over. After careful and thorough consideration, and in view of the tremendous demands being made on the hospital, and the fact that we knew that due to the stress of war conditions the number of applications for admission would increase beyond what we might expect in normal times, the Board decided to erect the best type of building possible from the available material which could be secured.

This building program is now under way; contracts have been let, and it is hoped that the buildings will be completed and ready for occupancy at all three of the locations above named late in 1942 or at the latest early in 1943.

It follows as a natural result that when the population of the hospital and the State Training School is increased by the additional number of patients that can be cared for in the new buildings the Board will be forced to ask the Legislature for more money.

During the past year the hospital operated on a per capita cost of \$0.8304, and we are pleased to report that at the close of the year was able to meet all bills and to have no deficit.

Due to the increase in prices of practically all materials, especially the basic commodities necessary for the care and feeding of approximately 6,000 people, the Board is conscious of the fact and now reports to you and to the Legislature that it will be impossible to continue the hospital on its present standard of efficiency upon as low a per capita as during the last year. It is impossible for us to say at this time what the increase per capita will be, but we are confident it will be at least several cents higher than for the past year.

CIVILIAN DEFENSE

In cooperation with the civilian defense programs of the United States, the hospital has inaugurated and developed as complete a system as possible of protection and supervision of the patients and the property of the hospital in the event of any enemy air raids or other situations arising from the operation of hostile forces.

The hospital has had and wishes to record appreciation of the fine assistance and cooperation received from the State and County Civilian Defense authorities and from the Police and Fire Departments of the City of Columbia. We wish especially to commend and thank Mr. G. A. Buchanan, chairman, Richland County Council of Defense; Mr. Marion A. Park, Chief Air Raid Warden for Columbia; and Dr. Floyd D. Rodgers, Chief of the Medical Emergency Service. And again the Board wishes to record appreciation of the tireless cooperation and help the institution has had during the year from Chief A. McC. Marsh, Columbia Fire Department, and Chief L. J. Campbell of the Columbia Police Department.

CONCLUSION

The Board will report in detail to the Budget Commission the requests which it deems necessary for the conduct of the hospital during the coming year.

In addition will be presented to the Ways and Means and the Finance Committees at the proper time further and detailed information in regard to costs which are in effect at the time of those hearings and which probably may be expected during the coming year.

The Board is again grateful to your Excellency; to the members of the Legislature; and to the other State officials for continued support and sympathetic understanding of the many and difficult problems which have to be met in caring for the mentally sick in South Carolina.

The loss of personnel of all types has laid an extra burden on the superintendent and his staff; on the remaining nurses and attendants; on the office personnel; on Mr. H. T. Patterson, the treasurer; and in fact on every department and activity of the hospital.

We are delighted to record, and here do so in keen appreciation the fact that the morale of the entire organization has been high. We have had over and again many evidences of the fine service rendered by those connected with the institution in discharging the heavy burdens all have to carry.

Respectfully submitted

CHRISTIE BENET, Chairman

A. W. REYNOLDS

J. CALVIN RIVERS

T. WILBUR THORNHILL

E. P. VANDIVER

Board of Regents, South Carolina
State Hospital.

REPORT OF THE SUPERINTENDENT

Columbia, S. C., July 1, 1942

*To the Board of Regents of the South Carolina State Hospital,
Columbia, S. C.*

Gentlemen:

In compliance with your requirements the annual report for the fiscal year ending June 30, 1942 is herewith respectfully submitted:

GENERAL STATISTICS July 1, 1941 Through June 30, 1942

	White Males	White Females	Colored Males	Colored Females	Total
Patients on books of hospital at beginning of hospital year ...	1,416	1,564	1,245	1,175	5,400
Admissions during twelve months:					
First admissions	320	241	241	175	977
Re-admissions	107	112	33	49	301
Total received during twelve months	427	353	274	224	1,278
Total on books during twelve months	1,843	1,917	1,519	1,339	6,678
Discharged from books during twelve months	299	273	112	106	790
As recovered	38	69	14	27	148
As improved	174	161	79	70	484
As unimproved	8	13	4	1	26
As without psychoses	79	30	15	8	132
Died during twelve months	95	82	105	89	371
Total discharged and died during twelve months	394	355	217	195	1,161
Patients remaining on books of hospital at end of hospital year	1,449	1,437	1,427	1,204	5,517
In hospital	1,189	1,177	1,302	1,067	4,735
On parole otherwise absent	260	260	125	137	782

ADMISSIONS

New admissions during the year numbered 977, and re-admissions 301, making a total of 1,278. Of these 427 were white men; 353 white women; 274 colored men and 224 colored women. This was a slight decrease over the previous year.

The census at the beginning of the year was 4,670 and at the end was 4,735.

The largest group of first admissions was diagnosed manic depressive psychosis; the second largest dementia praecox (schizophrenia).

During the year it was necessary to deny admission to 153 persons in an effort to prevent further overcrowding and to provide room for the more acute cases.

The maximum official capacity is 3,752 and on the last day of the fiscal year the census was 4,735, an overcrowding of 983 or 26.1%.

DEATHS

During the year 371 deaths occurred; 95 white men or 5.1%; 82 white women or 4.3%; 105 colored men or 6.9%; and 89 colored women or 6.3%.

The death rate based upon the entire number under treatment was 5.5%, which is slightly higher than that of 5.3% of the previous year.

DISCHARGES

There were 790 patients discharged from the books. Of these 148 were considered as recovered; 484 as improved; and 26 as unimproved.

Of the 132 without psychosis, 42 were alcoholics; 12 drug addicts; 28 mental defectives and others 50. In the last group are included those transferred from various State institutions for mental observation and the Court cases found to be without mental disorder.

GENERAL HEALTH

The health of the patients and employees was good.

We regret to report 3 suicides during the year; all of them occurring in the white women's service.

Two loyal and faithful employees passed away and their death is regretted.

Mrs. Janie Steele, an attendant since December 15, 1926, passed away on December 30, 1941.

Hilliard Bell, a laborer on the Columbia farm, died October 21, 1941. He had been in the service of the hospital since October 14, 1925.

MEDICAL DEPARTMENT

The work of this department has been seriously affected by the war. In many respects the past year has been one of the most trying the hospital has had to undergo in recent times. War conditions bring about changes in almost every phase of

human activity and the hospital has been adversely affected by some of these changes. Chief among them being the depletion of the medical staff; depletion and changes in the nursing and attendant personnel which have necessarily interfered with the normal care and treatment of the patients.

The medical staff has never quite reached in number the standards set by the American Psychiatric Association with reference to the number of physicians to patients. The minimum requirement is one physician to each 150 patients. The greatest number of physicians we have had at any given time was 19 including the superintendent. Of these 8 have gone into the service, leaving 11 to look after the patients and to carry on the other activities of the hospital. This is a load of approximately 500 patients to each physician.

The only activities which have been discontinued are two mental hygiene clinics which have functioned for a long period of time—one at Orangeburg and the other at Rock Hill.

It has also been necessary to discontinue the practice of making mental examinations of all those at the Industrial School for Girls. Examinations are now made only in special cases.

The nursing and attendants corps have been somewhat disorganized on account of many going into the military service and others leaving because of financial inducements offered on the outside far in excess of the hospital budget allowance.

It has not been possible to fill all of these vacancies, but in spite of the various handicaps the departments have functioned in a fairly satisfactory manner, and special tribute is paid to those members of the staff, nursing and attendants corps who have found it possible to remain at their posts of duty, accepting cheerfully extra duties at great financial sacrifice.

The medical staff has continued the regular four meetings each week to consider all new patients from the diagnostic therapeutic standpoint; and also to consider for parole or discharge those who have improved or recovered.

Dr. W. Gordon Morehouse reported on August 14, 1941 as an assistant physician. An alumnus of the Southwestern College, Memphis, Tennessee, and of the University of Tennessee in Memphis in 1934, Dr. Morehouse spent one and a half years as an intern in the Baptist Memorial Hospital, Memphis; and two years as resident physician, Spartanburg General Hospital,

Spartanburg, S. C. He was a general practitioner and surgeon in that city prior to coming to the South Carolina State Hospital.

Mr. W. C. Marett, Jr., of Seneca, S. C., rising senior, Medical College of the State of South Carolina, Charleston, S. C., reported as a junior intern on June 17, 1942 for the summer months.

Mr. Richard F. Allison, Jr., of Columbia, S. C., rising senior, Medical College of the State of South Carolina reported as a junior intern on June 6, 1942 for the summer months.

During the month of February the senior class from the Medical College of the State of South Carolina in four groups spent a week each at the hospital to attend clinics, staff meetings, lectures and to secure practical training in psychiatry.

Students from the University of South Carolina, Clemson, Furman, the Presbyterian College, Benedict College and Allen University visited the hospital and attended clinics on mental diseases conducted by members of the medical staff. Clinics were also arranged for nurses from the Schools of Nursing at the Tri-County Hospital in Orangeburg and the Toumey Hospital in Sumter.

LABORATORIES

Wassermann on blood	3,025
Wassermann on spinal fluid	719
Routine examination on spinal fluid	719

Kline on blood:

Exclusion	2,298
Diagnostic	1,492

Kline on spinal fluid:

Exclusion	719
Diagnostic	482

Blood:

Bromides	932
Calcium	4
Clotting time	94
Color index	10

Cultures	13
Erythrocytes	312
Hemoglobin	406
Icterus index	9
Leucocytes	397
Malaria	70
Matching and cross matching	81
Sedimentation	2
Sulfanilimide concentration	6
Sulfathiazole concentration	32
Sugar	1,351
Typing	113
Urea	218

Smears:

Abdominal	1
Abscess	2
Feces	3
Leg	2
Pleural cavity	2
Spinal fluid	14
Sputum	57
Throat	10
Urethral	19
Urinary sedimentation	6
Vaginal	3
Vincent's angina	19

Analysis:

Urinalysis	3,010
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Miscellaneous:

Acetone	80
Autopsies	44
Bacterial count (milk)	2
Basal metabolism	27
Colloidal gold	24
Culture of throat	3
Culture of thoraciatic	2

Culture of urine	2
Dextrose prepared in NACL	cc. 705,000
Diacetic acid	27
Guinea pigs inoculated with fluids	4
Mosenthal	1
P. H.	23
P. S. P.	8
Spinal fluid total protein	21
Spinal fluid total sugar	26
Trichomonas vaginalis	2

X-RAY

Deep therapy treatment for epithelioma	39
Fluoroscopy	23
X-ray exposures	1,337

PHYSIOTHERAPY

Mercury quartz light treatments	345
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PERCENTAGE OF POSITIVE BLOOD WASSERMANN'S

From July 1, 1941 Through June 30, 1942

White Men			White Women			Colored Men			Colored Women		
Positive	Negative	Per Cent	Positive	Negative	Per Cent	Positive	Negative	Per Cent	Positive	Negative	Per Cent
58	583	9.04	22	488	4.31	139	383	26.6	78	274	22.1
PERCENTAGE OF POSITIVE SPINAL FLUID WASSERMANN'S											
54	87	38	18	67	22.4	94	315	22.9	19	65	22.6

SPECIAL WORK IN PARASITOLOGY

This work has been continued by Dr. Robert Burrows, and your attention is especially called to his report.

To our regret it will probably have to be discontinued early in next year as Dr. Burrows has received information that he can no longer be deferred from the army service and will probably be called within the next few months.

The report of last year dealt largely with the extent of parasitic infection in the patients. During the past year emphasis has been laid upon the treatment and method of prevention, and the report shows that a real contribution has been made not only in treatment but in sterilization of the ground to prevent further infection.

THE DIAGNOSIS, TREATMENT AND PREVENTION OF INTESTINAL PARASITES AT THE SOUTH CAROLINA STATE HOSPITAL

Introduction

A preliminary survey was made to determine the extent of parasitism among the patients. Over two thousand patients have been examined and the following table gives the incidences (percentages of infections) for the various species of parasites.

	New Patients	Old Patients
No. patients examined	637	1418
<i>Protozoa</i>		
Endamoeba histolytica	1.7	8.2
Endamoeba coli	16.3	45.3
Iodamoeba williamsi .....	.3	3.1
Endolimax nana	12.4	19.8
Chilomastix mesnili	3.3	22.8
Trichomonas hominis	3.3	22.1
Giardia lamblia	1.9	1.6
<i>Worms</i>		
Ascaris lumbricoides	1.4	12.0
Necator americanus	4.5	19.1
Strongyloides stercoralis .....	.8	10.8
Enterobius vermicularis .....	.5	5.1
Trichuris trichiura .....	.8	42.0
Hymenolepis nana .....	.3	.2

This table shows rather definitely that most of the infections are from three to ten times as heavy in old patients as in new patients. And the majority of worm infections are two to fifteen times as heavy in female patients as in males. Only one parasite, the pinworm, *Enterobius*, is heavier in males.

The rapidity with which patients acquire new species of parasites may be seen in the next table.

Length of Residence	No. of Species per Patient			
	WM	WF	CM	CF
Under three months .....	.4	.5	.4	.6
3-12 mos. ....	.3	1.2	.7	1.4
1- 2 yrs. ....	.9	1.3	1.1	2.4
3- 5 yrs.	1.2	2.5	1.5	2.8
6-10 yrs.	1.6	2.5	1.9	3.3
11-20 yrs.	1.6	2.6	2.0	3.2
Over 20 yrs.	1.5	3.3	2.2	3.1

The women show a much faster and higher increase than do the men, so that after twenty years here, they average five to six times as many species as they had upon admission. The males exhibit a slower rise that falls far short of the peaks reached by the females.

Not only is there an increase in the incidences of the various parasites and the number of species of parasites per patient, but there is also an increase in the intensity of infection. This can be illustrated rather clearly by counting the number of eggs per gram of stool and then computing the number of worms present in order to produce that number of eggs. This ratio is known rather well for *Ascaris* and hookworm. For *Trichuris*, however, a rough estimate only is possible. The information is given in the following table:

Length of Residence in Years	Av. No. of Worms per Infected Patient		
	Ascaris	Hookworm	Trichuris
Under 1	---	127	26
1- 2	10	100	768
3- 5	17	448	1,095
6-10	26	866	547
11-20	30	410	884
Over 20	20	843	847

A larger number of cases checked for this point probably would give smoother and more regular curves. This table was compiled from the examinations of 117 women, chosen at random. However, most of them were infected by two or more species of worms.

Although no figures are available for the intensity of infection of protozoa, it appeared that they, too, increased both in incidence and intensity with longer residence here. The distinctly high infections of protozoa which were observed were among old patients rather than among the new.

A clue to the ease with which infections spread can be had from an examination of the table dealing with the untidy habits of the patients. The nurses and attendants were asked to check opposite each patient's name the habits which were actually observed. The nurses and attendants had no opportunity to learn the degree of infection of the various patients and that did not influence their marking. However, because nurses, attendants and patients change wards rather frequently and some employees are better observers than others, the figures given should indicate the minimum.

Untidy Habits	Percentages			
	WM	WF	CM	CF
Coprophilic, handle feces	14	25	18	15
Coprophagic, eat feces	7	8	6	2
Geophilic, play in soil	9	45	44	50
Geophagic, eat soil	3	16	8	6
Rarely wash hands	65	83	52	73
Often put fingers in mouth	4	49	25	81
Usually barefooted in yard	54	67	46	62

In reality, the geophagic percentage for each group should be higher, as the majority of patients do contaminate their hands, rarely wash them and then either put them directly into the mouth or handle food while eating. In general, the women average higher than the men in the various habits and that is in keeping with the fact that they are more heavily parasitized.

TALLEY BUILDING TREATMENT PROGRAM

As Talley Building harbored the most heavily parasitized group of white patients, it was decided to begin the treatment and prevention program here. To date, 171 patients have been examined at this building. As only 142 are there at a time, the others may be considered transients, some of whom were there for a few days only. Of the total of 171 patients, 135 had one or more species of pathogenic forms and these were

treated. Five of these died, but not from the effects of any drugs used. The following table gives the incidences of the various parasites at the original examination of the 130 patients and the maximum incidences found. As a rule a patient rarely shows every species present at each examination.

Species	Incidences at Original Exam.	Maximum inci- dences Found
<i>Protozoa</i>		
Endamoeba histolytica	8.4	15.4
Endamoeba coli	70.0	92.3
Iodamoeba williamsi	1.6	14.6
Endolimax nana	36.9	85.4
Chilomastix mesnili	30.8	66.9
Trichomonas hominis	30.8	55.4
Giardia lamblia	6.9	10.0
<i>Worms</i>		
Ascaris lumbricoides	18.5	19.2
Necator americanus	77.7	80.8
Strongyloides stercoralis	45.4	60.8
Trichuris trichiura	96.1	96.1
Aver. no. species per patient	4.2	5.9

This table shows that practically all the worm infections were found at the first examination. However, the protozoa were more variable in their appearance, often disappearing for weeks or months before again being evident. Some appeared for the first time late in the treatment program. Others were present at first but soon disappeared. Protozoan infections appear to die out, without treatment, rather readily and to appear suddenly in large numbers.

In some patients the original and maximum number of species was the same, but it was rare for a patient to show the maximum number of species at one examination.

The percentage of patients showing the various number of species for the original and the maximum examinations are given in the following table:

Number Species	Original Exam.	Maximum No. Species Present
1	4.6	2.3
2	9.2	3.2
3	19.2	6.9
4	26.9	6.9
5	18.5	18.5
6	10.0	19.2
7	10.0	19.2
8	1.6	17.7
9 .....	...	5.4
10 .....	...	.7

The peak for the first curve was at 4.2 species and for the second at 5.9 species. Although seven patients had a maximum of nine species of parasites, only one patient showed this number at a single examination.

The incidences found for this group of Talley patients is much higher than that found among the old patients at the hospital, for this group of women is much more deteriorated than the majority of patients.

Estimates, based on number of eggs found per gram of stool, were made of the number of worms harbored by these patients. In the following list are given the numbers computed:

Ascaris	400
Hookworm	75,000
Strongyloides	thousands
Trichuris	60,000-150,000

There is no known way of determining the number of *Strongyloides* harbored by a patient, so that figure has to be vague. However, *Strongyloides* is a much smaller worm than the other three and may cause internal re-infection, that is, without the necessity of a part of its cycle outside the body. The methods for determining the number of *Trichuris* present are also subject to such variations that a rough estimate only is possible. The figures given for *Trichuris* are for the probable range.

Drugs

In carrying out this treatment program those drugs considered most efficient for the various parasites were selected,

but where a decided superiority did not exist in one drug, another was used also. For example, Hexylresorcinal crystoids (Caprokol) and Tetrachlorethylene are considered somewhat comparable in efficiency. Both were used in this program, although the majority of treatments were the former rather than the latter, due to the fact that preliminary purgation was possible.

The most extensive worm infection we have here is *Trichuris* and yet the only really efficient drug is the juice of a tropical fig, which is unavailable in this country. So the two drugs named in the above paragraph were used, as they are the only known substitutes, even though they are far from specific for this parasite.

Medicinal Gentian Violet was used for the *Strongyloides* infections, as it is the best drug known for that parasite.

Only two protozoan infections, *Endamoeba histolytica* and *Giardia lamblia*, were treated, the former with Carbosone and Chiniofon and the latter with Atabrine.

As some of the sulfa drugs have been found efficient for the destruction of intestinal bacteria and as Sulfaguanidine remains for a longer time in the intestinal tract, being only slightly absorbed, it was decided to test the efficacy of this drug on other intestinal parasites. So nine patients were given varying doses of this drug, the results of which will be reported in a later paragraph.

Results of Treatment

As a result of the extensive course of treatment, the majority of worm infections have been eliminated. While some patients say that they feel better physically, sufficient time has not elapsed to draw any definite conclusions as to physical and mental improvement. The worms were the object of most of the treatment and they will be discussed first. A table will clarify some of the most important parts.

	Ascaris	Hookworm	Strongy.	Trichuris
No. patients with infection	25	105	79	125
% patients who lost infection	100	84	56	6
Est. no. worms present	400	75,000	thousands	60-150,000
Est. % worms lost	100	94	75?	68

Although comparatively few of the patients having *Trichuris* have lost this parasite completely, most of them have lost over

half of the worms they harbored. Over half of the patients having *Strongyloides* have lost this parasite and the remainder appear, conservatively, to have lost about half the worms they had.

The worms respond differently to treatment, in that certain species were more readily eliminated than were others. Caprokol and Tetrachlorethylene eliminate *Ascaris* much more quickly than they do the other worms. Of the patients harboring *Ascaris*, 60% lost their worms after the first treatment, 28% after the second and the remaining 12% after the third. Of those patients who have lost all their hookworms, 33% did so after the first to third treatment, 42% after the fourth to sixth, and the remaining 25% after the seventh to tenth treatments. Those few patients who have lost *Trichuris* did so after from one to eleven treatments. Their response was so erratic that no important percentages can be given.

Gentian Violet was used for the elimination of *Strongyloides*. However, 8% of the patients having this parasite lost it as a result of treatment with Caprokol or Tetrachlorethylene. Of those patients who have lost this parasite after Gentian Violet medication, 89% did so after the first treatment and 11% after the second. Of those still harboring this species, 82% have received one treatment and are now in the process of getting another. The other 18% will soon receive their first treatment.

Atabrine is the drug which was found to be most effective for *Giardia* and the remainder of those patients having this parasite are now receiving this drug. Already 31% of those harboring this species have lost it and the others are receiving their first treatment.

Carbosone and Chiniofon were used for *Endamoeba histolytica*. To date 60% of the infections appear to have been eliminated. Another 25% must await several more examinations, as we do not consider an infection eliminated until three or more successive examinations are made at weekly intervals. The remaining 15% of the infections have not yet been treated.

As a result of treatment, there has been a reduction in the eosinophil count of patients with multiple worm infections. Eosinophilia is considered as a response of the blood to toxic substances and the normal eosinophil count is 2-4%. Although treatment has not been completed in most of the cases of *Tri-*

churis or in 16% of the hookworm infections, there has been a noticeable reduction in eosinophils in the majority of cases, as the average percentages given in the following table show:

Species Present	Percentage Eosinophilia	
	Before Treatment	After Treatment
<i>Ascaris</i> , hookworm, <i>Strongyloides</i> , <i>Trichuris</i>	17	10
<i>Ascaris</i> , hookworm, <i>Trichuris</i>	16	9
Hookworm, <i>Strongyloides</i> , <i>Trichuris</i>	18	11
Hookworm, <i>Trichuris</i>	17	7

Further reductions are expected as the worms are more completely eliminated. It is hoped that the complete elimination of the toxic substances caused by worm infections will clear the minds of some patients to some extent, although this phase has not yet been checked.

Treatment with Sulfaguanidine was carried out on nine patients. The patients selected had from five to seven species of parasites each and were divided into three groups, according to the amount of drug received. The groups were:

1. Those receiving a heavy dose—1 tablet per 22 lbs. per 8 hours for 4 days.
2. Those receiving a medium dose— $\frac{3}{4}$ tablet per 22 lbs. per 8 hours for 4 days.
3. Those receiving a light dose— $\frac{1}{2}$ tablet per 22 lbs. per 8 hours for 4 days.

One patient, who received a medium dose, failed to show *Ascaris* afterwards and another apparently had only 80% of her *Ascaris* worms left. On the other hand one who received a light dose apparently lost 75% of her *Ascaris*. One patient who received a heavy dose lost 88% of her hookworms and two who were given medium doses appeared to have lost about 50%. There was little evidence of change in *Strongyloides* or *Trichuris*. And the losses of *Ascaris* and hookworm were not consistent in all patients. The protozoa were apparently little affected by this drug, as only one of the twenty-five infections was eliminated—a case of *Iodamoeba*. This drug must have irritated the intestinal tract for the majority showed mucus in the stool and one had blood in addition.

Preventive Measures

Some means of sterilizing the soil to rid it of the eggs and larvae had to be devised. For years the soil was kept infective and alternate use of the two yards failed to eliminate the infestations. Most chemicals were considered unsatisfactory and expensive. As a temperature of 50 to 60 degrees Centigrade is known to coagulate the protoplasm, it was decided to use steam.

A steam hood which could be moved about over the yard was devised and found effective. The one used for the greater part of the yard is 4 feet by 2 feet by 8 inches. Figure 1 shows a lower view of this hood. The two steam pipes have $\frac{1}{4}$ inch holes bored on the ventral side at about 6 inch intervals. Between these holes are others bored at angles. Thus steam jets are directed at all areas of the soil lying beneath the hood. Figures 2 and 3 show it in action.

Experiments show that at about 100 pounds pressure the steam would heat the soil, if damp, to 60 degrees Centigrade at a depth of two inches in three minutes. Dry, hard soil required four to five minutes. This steam kills the grass but does not affect the trees as most of the roots are six inches or more under the ground. A smaller hood (Figures 4 and 5) was devised for more cramped areas and a steam hose was used for crevices, the bases of trees, and other less accessible spots.

Before this apparatus was used a series of soil samples on several occasions were taken and examined for eggs and larvae of the various worms. The next table gives the results of these checks. Efforts were made to get samples in sections of the yard where there was no visible evidence of contamination.

	Before Treatment	After Treatment
No. Samples Examined	33	22
% showing <i>Ascaris</i> eggs	3	0
% showing hookworm larvae or eggs	24?	0
% showing <i>Trichuris</i> eggs	18	0
% showing <i>Strongyloides</i> larvae	6?	0

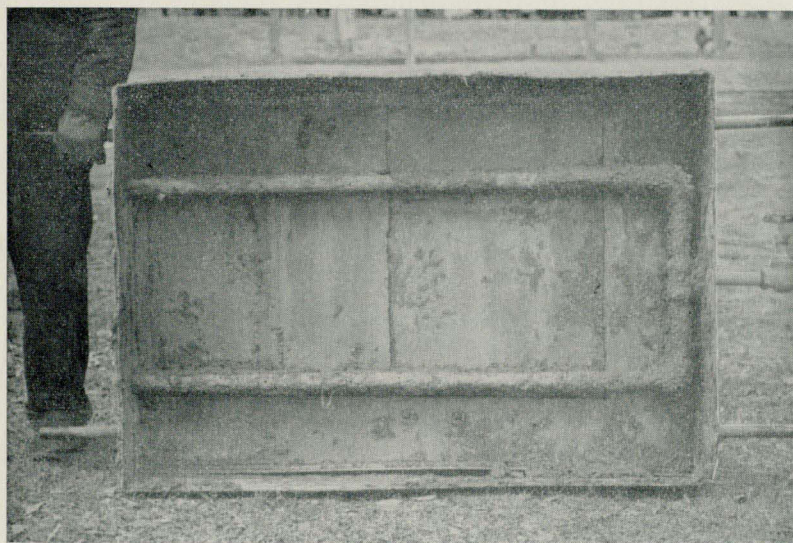


Figure 1.

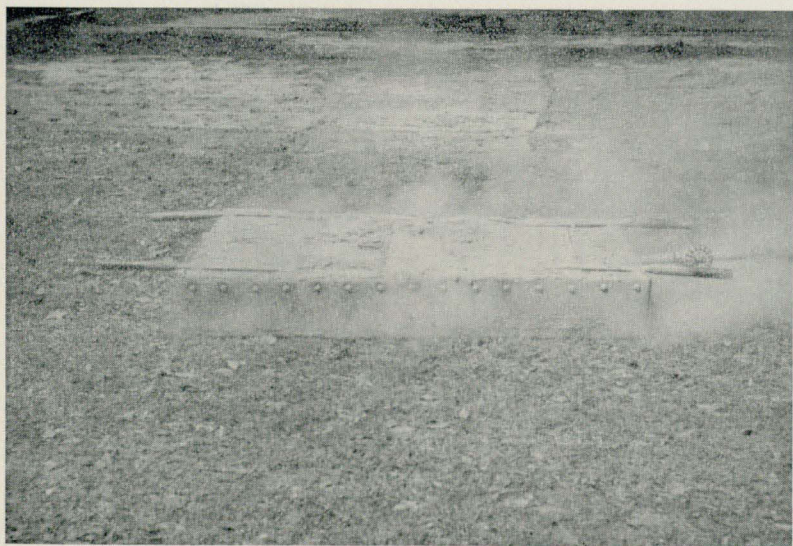


Figure 2.

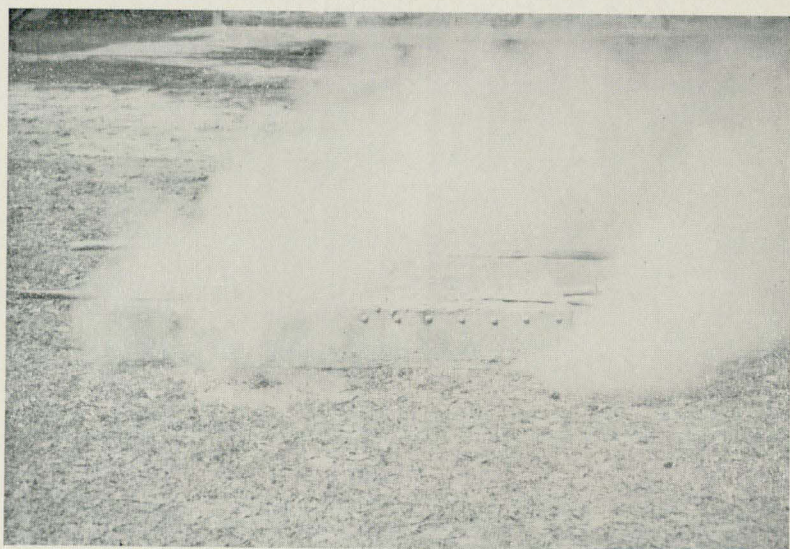


Figure 3.

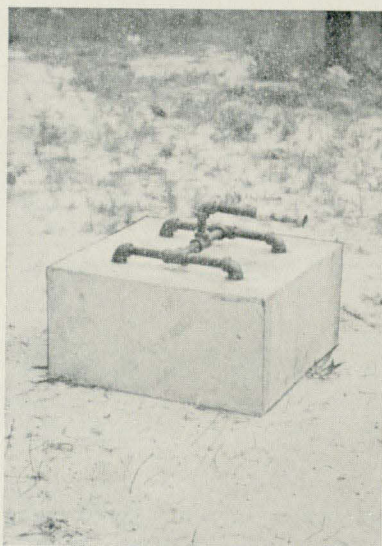


Figure 4.

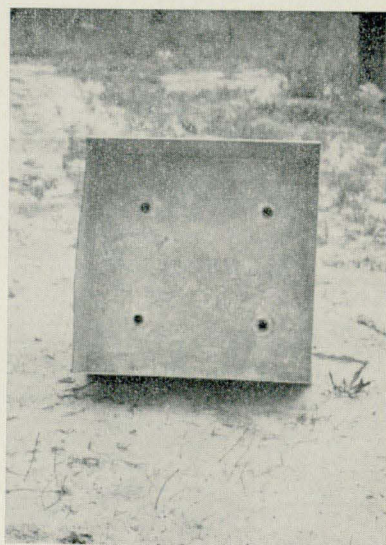


Figure 5.

The samples taken after the steam treatment were from those areas which previously showed the presence of parasites or from those areas most likely to have them. Sections exposed to the drying action of the sun are not likely to show eggs or larvae. As there are some free-living nematodes which have larvae much like those of hookworm and *Strongyloides*, there is some doubt about the percentages given. Even if the given percentages be halved, they still indicate a high infestation of the soil.

Patients have now been allowed in the sterilized exercise yards and the nurses and attendants have orders to collect all stools the patients deposit on the ground. And only those patients are allowed out who have been free of pathogenic parasites for at least three successive examinations.

Difficulties

A program such as this is much more difficult to carry out in a mental hospital than in a normal population for many reasons: (a) The patients here usually have multiple instead of single infections; (b) They usually have heavier infections of each kind of worm; (c) They do not understand the reasons for being treated and are, therefore, more resistive; (d) They have to be retained forcibly (that is by being kept indoors) from re-infecting themselves; (e) They have to be watched to prevent their regurgitating the salts or drugs; (f) The majority cannot be given enemas, which would enable the larger intestine to be emptied more thoroughly and which would permit the drugs being administered in this manner also; (g) It has been necessary to transfer some of the treated patients to other buildings in order to make room for other patients, thus keeping the number of infected patients in Talley Building rather large; and there are other difficulties which have been noted.

The nurses and attendants in Talley Building have done an excellent job, for which they deserve a great deal of credit. Their work has been greatly increased and made more arduous and unpleasant, yet they have done the best they could.

Future Program

It is evident that a program for this hospital cannot be carried out completely until after the war, due to inability to

get sufficient amounts of drugs and help. However, what has been done to date will supply us with the necessary facts for a later program here and furnish a guide to other mental hospitals, which have similar problems.

ANTI-SYPHILITIC TREATMENTS

Doses	White Men	White Women	Colored Men	Colored Women	Total
Aldarsone		49	560	....	609
Bismarsen		24	28	....	52
Bismuth sodium tartrate .....153	157	12	210		532
Malaria 32	13	77	18		140
Mapharsen .....251	281	622	13		1,167
Mercury succinimide	12	....	....		12
Sulpharsphenamine .....	....	....	296		296
Thio bismol 73	217	489	43		822
Tryparsamide 19	24	28	72		143
Total	528	777	1,816	652	3,773

UROLOGICAL WORK

	White Men	White Women	Colored Men	Colored Women	Total
Cystoscopic examinations	4	3	....	4	11
Bladder irrigations	1	1	....	2	4
Total	5	4	....	6	15

Patient from the S. C. State Penitentiary—1W.M cystoscopic examination.

GENERAL PARESIS

All patients, first and readmissions, were examined for syphilis and when this condition was found treatment was instituted immediately and continued in an effort to effect a cure.

All cases of general paresis were given malaria therapy except those in whom it was contra-indicated.

Results of malaria therapy during the year:

	W.M.	W.F.	C.M.	C.F.	Total
Remission	15	4	2	2	23
Partial remission	5	1	11	4	21
Slightly improved	2	1	12	....	15
Unimproved	4	....	12	4	20
Died	3	1	11	7	22
Total	29	7	48	17	101

The majority of the Negro patients with general paresis arrive at the hospital in a moribund condition.

SHOCK THERAPY

Shock therapy for mental disorders has been continued.

The following table shows the patients receiving various types of shock therapy and the results obtained:

Electric Shock Therapy	W.M	W.F.	Total
Improved	13	50	63
Markedly improved	6	8	14
Unimproved	20	13	33
Total	39	71	110

SURGICAL DEPARTMENT

Operations performed by the consulting and resident staff are found in the following tables.

Appreciation is expressed to members of the consulting staff for their cooperation and ready response to every call.

OPERATIONS PERFORMED

	Patients					Employees				
	W.M.	W.F.	C.M.	C.F.	T.	W.M.	W.F.	C.M.	C.F.	T.
Appendectomy	1	1	1	...	3	2	1	...	...	3
Amputation :										
foot .....	...	...	1	...	1	...	...	...	...	...
leg	1	1	1	...	3	...	...	...	...	...
toe	1	...	...	...	1	...	...	...	...	...
Blood transfusion	1	6	...	...	7	...	2	...	...	2
Bronchoscopy .....	...	2	...	...	2	...	...	...	...	...
Caesarean section .....	...	2	...	...	2	...	...	...	...	...
Circumcision	1	...	...	...	1	...	...	...	...	...
Double varicocele .....	...	...	...	...	...	1	...	...	...	1
Excision of :										
cyst, head .....	...	...	...	...	...	1	...	...	...	1
ear .....	...	1	...	...	1	...	...	...	...	...
gland, neck .....	...	...	...	...	...	...	...	1	...	1
gland, shoulder .....	...	...	1	...	1	...	...	...	...	...
growth, nose	1	...	...	...	1	...	...	...	...	...
ingrowing toe nail .....	...	...	...	...	...	1	...	...	...	1
mole, leg .....	...	1	...	...	1	...	...	...	...	...
tumor, neck	1	...	...	...	1	...	...	...	...	...
ulcer, leg .....	...	...	...	...	...	1	...	...	...	1
Hemorrhoidectomy	1	...	1	1	3	1	1	...	...	2
Herniorrhaphy	1	...	1	...	2	...	...	...	...	...
Hysterectomy .....	...	1	...	...	1	...	...	...	1	1
Incision and drainage :										
carbuncle, finger .....	...	1	...	1	2	...	...	...	...	...
infected hand .....	...	1	3	4	8	...	...	...	...	...
ischio rectal abscess	1	...	...	...	1	...	...	...	...	...
infected leg	1	...	...	...	1	...	...	...	...	...
lipoma osteomyelitis .....	...	...	...	...	...	1	...	...	1	...
rectal fistula	2	...	...	...	2	...	...	...	...	...
Laparotomy :										
exploratory	1	...	...	...	1	...	...	...	...	...
fibroid tumor .....	...	1	...	...	1	...	...	...	...	...
ruptured gall bladder .....	...	1	...	...	1	...	...	...	...	...
Mastectomy .....	...	1	...	...	1	...	...	...	...	...
Nephrolithotomy	1	...	...	...	1	...	...	...	...	...
Phrenectomy .....	...	1	...	...	1	...	...	...	...	...
Removal bronchial cyst										
and tracheotomy .....	...	1	...	...	1	...	...	...	...	...
Salpingo-oophorectomy .....	...	...	...	...	...	...	1	...	...	1
Skin grafting, breast and										
axilla .....	...	1	...	...	1	...	...	...	...	...
Suturing, lacerated										
throat	1	...	...	...	1	...	...	...	...	...
Thyroidectomy .....	...	...	1	...	1	...	...	...	...	...
Total	16	23	10	6	55	7	6	1	1	15

ORTHOPEDICS

	Patients					Employees				
	W.M.	W.F.	C.M.	C.F.	T.	W.M.	W.F.	C.M.	C.F.	T.
Bone plate removed .....	....	....	....	....	....	....	1	....	....	1
Closed reduction and application of cast for fracture of:										
ankle .....	....	1	....	....	1	....	....	....	....	....
arm .....	....	2	....	....	2	....	....	....	....	....
clavicle .....	....	....	1	....	1	....	....	....	....	....
finger	2	....	....	....	2	....	....	....	....	....
hand	1	....	....	....	1	....	....	....	....	....
humerus .....	....	2	....	....	2	....	....	1	....	1
leg	1	....	....	....	1	....	....	....	....	....
thoracic lumbar vertebrae .....	....	1	....	....	1	....	....	....	....	....
tibia .....	....	2	....	....	2	....	....	....	....	....
tibia and fibula .....	....	1	....	....	1	....	....	....	....	....
ulna	1	....	....	....	1	....	....	....	....	....
wrist	2	11	2	1	16	....	....	2	....	2
Open reduction and application of cast for fracture of:										
hip (pin fixation) .....	....	3	....	....	3	....	....	....	....	....
humerus .....	....	2	1	....	3	....	....	....	....	....
humerus and ankle .....	....	....	....	....	....	1	....	....	....	1
patella .....	....	....	....	....	....	....	....	1	....	1
wrist (Collier's fracture)	1	....	....	....	1	....	....	....	....	....
Reduction dislocation of:										
hip .....	....	1	....	....	1	....	....	....	....	....
Skin grafting:										
knee .....	....	....	....	1	1	....	....	....	....	....
leg .....	....	....	1	....	1	....	....	....	....	....
Total	8	26	5	2	41	1	1	4	....	6

OPERATIONS PERFORMED ON PATIENTS FROM THE
SOUTH CAROLINA STATE PENITENTIARY

	W.M.
Incision and fulguration epididymis	1
Ureterolithotomy	1
Total	2

OPERATIONS PERFORMED ON PATIENTS FROM THE SOUTH
CAROLINA STATE INDUSTRIAL SCHOOL FOR GIRLS

Appendectomy	1
*Tonsillectomies	10
Total	11

*These are reported in the Eye, Ear, Nose and Throat Department.

EYE, EAR, NOSE AND THROAT DEPARTMENT

EYE

	Patients	Employees
Corneal ulcer	3	.....
Eye ground examinations	1,165	117
External diseases	89	41
Foreign bodies removed	2	7
Glaucoma	1	1
Pterygium removed	2	1
Refractions—cycloplegic	35	77
Refractions—simple	183	31
Trauma—various parts of eye	22	3
Visual fields	1	.....
Glasses furnished by the S. C. State Hospital	153	.....
Glasses repaired through the hospital	52	87

EAR

Routine examinations	949	109
Cerumen or wax removed	180	4
Foreign bodies removed	3	.....
Irrigations	135	25
Myringotomy	9	4
Otitis externa—all types	36	5
Otitis media—all types	105	28
Perichondritis	2	.....
Polypus	2	.....
Removal benign tumor chondroma .....	.....	1
Trauma	3	.....

NOSE AND THROAT

Routine examinations	976	259
Epistaxis	4	1
Foreign bodies removed	1	.....
Nasal furuncle	2	3
Naso-pharyngitis	114	90
Papilloma removed from mouth .....	.....	1
Peritonsillar abscess	3	1
Puncture and irrigation of antrum .....	.....	2
Shrinkage congested nasal mucosa	330	144
Sinusitis	18	13
Tonsillitis	40	47
Trauma	11	1
Vincent's infection	4	13
Tonsillectomies	37	37
Tonsillectomies on patients from S. C. Industrial School for Girls .....	.....	10
Cultures, smears and X-ray examinations made whenever indicated.		

DENTAL WORK

Examinations	3,858
Anaesthetics	2,181
Extractions	3,100
Impactions removed	5
Treatments	298

Bridges:

Made	2
Removed	9
Repaired	6
Reset	12

Dentures:

Made	66
Partial	4
Repaired	23
Repaired—partial	1

Fillings:

Alloy	111
Porcelain	38
Temporary	11
Fractured mandibles reset	2

Gold Crowns:

Removed	9
Made	1
Repaired	1
Reset	1

Inlays:

Made	4
Reset	4
X-Ray exposures	142
Tooth brushes distributed	2,752
Requisitions—for money needed for dental work	88
Deposits—responses to requests for money	73

OCCUPATIONAL THERAPY

Work in this department has been satisfactory. Numerous articles have been made in the class rooms, and many patients have been engaged in various activities throughout the hospital.

AMUSEMENTS

Amusements and diversions have been provided as much as possible since the importance of these in the treatment of mental illness is fully realized. Entertainment was afforded by a Halloween party, Christmas celebrations, band concerts, soft ball games, weekly dances and moving pictures as well as visits to nearby shops and trips into the city. Barbecues were enjoyed at July Fourth and Labor Day, and many patients had the pleasure of attending both the white and Negro State Fairs.

A Christmas pageant was arranged by Rev. Kempson and presented by student nurses for the white patients. Carols early in the morning were enjoyed and special Christmas services were conducted by the chaplain in the city and at State Park.

On November 12 a musical entertainment for white patients was given in the auditorium by the Good Cheer Club of the Columbia Elks organization. The same program was presented January 14, 1942 for the Negro patients at State Park.

On May 4 and 8 the annual spirituals by the colored patients and a few colored attendants were given for the white and Negro patients.

RELIGIOUS SERVICES

The Rev. J. Obert Kempson has continued as chaplain. Services have been held regularly in the two chapels in the city every Sunday morning for the white patients; and in the afternoon at State Park for the colored ones.

Weekly prayer and song services have been conducted on the wards in every department of the hospital. Once each week the chaplain has held services in the Mills Building (Nurses' Home) for the student nurses; and every other week a worship and discussion period has been conducted at State Park for the Negro student nurses.

He has officiated at the funerals of patients interred in the hospital cemeteries; and also has attended all staff meetings.

On October 6, 1941 Rev. Kempson left for the New Jersey State Hospital at Greystone Park, N. J., to take a special course in pastoral psychology. He resumed his duties here on December 1, 1941.

During February and March a course in pastoral psychiatry and counseling was given at the hospital for the senior class of the Lutheran Theological Seminary in Columbia under the direction of Rev. Kempson, Dr. E. L. Horger, Dr. J. E. Freed and Dr. W. S. Hall.

Ministers from the city frequently visited the patients and often administered Sacrament to their members

LIBRARY

Mrs. Martin D. Young has continued in charge of the library where the work has expanded and progressed satisfactorily.

The Richland County Public Library has continued to furnish books at regular intervals, which is indeed appreciated.

Gratitude is expressed to many friends for generous donations of books and magazines as well as contributions of money for library purposes.

VOLUNTARY COMMITMENTS

During the year 52 persons voluntarily committed themselves to the hospital. This method is preferable as the majority of such patients show a better spirit of cooperation and adapt themselves more readily to the environment, thereby enhancing the chances for improvement and recovery.

Because of the overcrowding of the hospital many persons seeking voluntary admission have been referred to the clinics of the mental hygiene department.

SPECIAL EXAMINATIONS

Due to the overcrowding of the hospital many examinations have been made at the South Carolina State Penitentiary.

The Court ordered 3 white men and 2 colored men examined. All were found to be without mental disease.

The Governor ordered 1 colored man examined, and he was found to be without mental disorder.

A girl from the Industrial School for Girls was here for a total of 40 days for observation to determine her mental status. She was found to be without psychosis.

COMMITTED BY ORDER OF GOVERNOR

In accordance with the provisions of the Statutes the Governor ordered committed to the hospital 7 persons from various State institutions—2 white men; 3 white women and 2 colored men.

The 2 white men were found to be psychotic.

Of the 3 white women, 2 were without psychosis, psychopathic personalities; 1 was psychotic.

The 2 colored men were found to be psychotic.

CRIMINAL INSANE

During the year the Courts committed 21 persons to the hospital in order that their true mental condition might be determined—9 white men; 1 white woman; 9 colored men and 2 colored women.

Of the 9 white men, 3 were found to be psychotic; 1 mental defective; 1 idiot; and 4 were without mental trouble.

The white woman was a mental defective.

Of the 9 colored men, 5 were psychotic; 3 mental defectives; and 1 was a mental defective having epilepsy.

The 2 colored women were mental defectives.

SCHOOL OF NURSING

No changes occurred in the personnel, and the work continued in a satisfactory manner.

The annual graduation exercises were held in the hospital auditorium on June 5, 1942 and diplomas awarded the following:

Misses Sheldonia Barfield of Leesville; Myrtle James Beheeler of Blacksburg; Jane Inez Mason, Blaney; Ruth Hazel Martin, Calhoun Falls; Clara Margaret Mullinax, Greenville; Naomi McMillan, Saluda; Nelle Rhae Stockman, Chapin; and Leila Mae Wicker of Newberry.

On the previous evening in Charleston they received certificates for the completion of the twelve months' affiliation course at Roper Hospital.

The Christie Benet medal to the graduate attaining the highest scholastic average during the entire course of training was won by Miss Naomi McMillan of Saluda.

SCHOOL OF NURSING FOR NEGRO WOMEN

On July 22, 1941 in the chapel at State Park in an impressive ceremony the first graduates of the School of Nursing for Negro women, South Carolina State Hospital, received their diplomas for completion of the prescribed course of training for three years—one year's affiliation having been spent at the Columbia Hospital where recently they were given certificates.

The young women in this first class were Dorothy Tucker and Annie James, both of Columbia.

Since graduation they have successfully passed the required South Carolina State Board examinations, thereby becoming registered nurses.

The School of Nursing for Negro Women, South Carolina State Hospital, at the department for Negro patients located at State Park, was established by an Act of the General Assembly during the session of 1938, the Act is dated February 1, 1938; and the school was officially in operation on September 12, 1938.

The curriculum is the same as for the School of Nursing for White Women which is an accredited school meeting the requirements of the State Board of Examination and Registration of Nurses for South Carolina and approved by the American Medical Association and the American Psychiatric Association.

On June 18, 1942 diplomas were awarded the second class for completion of the three years' course; two at this hospital and one at the Columbia Hospital where certificates were presented.

Members of this class were: Eugenia Alverta Brown of Timmons ville; Mozell Hester Brown, Timmons ville; and Clara Helen Randolph of Hopkins.

FIRE DEPARTMENT

Mr. J. C. Hite remains in charge of the fire department which is well equipped, and the work has been carried on satisfactorily.

Appreciation is again expressed to Chief A. McC. Marsh and other members of the Columbia Fire Department for their valuable assistance.

IMPROVEMENTS AND REPAIRS

The policy of the hospital during the year has been to make only such improvements and repairs as have been absolutely necessary.

The class room for nurses in the Mills Building, which could not be completed last year, has been completed, equipped and is now in use.

In addition a new diet kitchen has been constructed and equipped on the 7th ward of the white women's service which has added materially to the welfare of the entire hospital and especially to those patients physically ill in addition to their mental trouble who need special diets.

The beauty parlor has been moved from the North Building to new quarters on the ground floor of the 1st ward in the Administration Building. This has been furnished with all modern equipment which was made possible partly by funds donated to the hospital for the benefit of the patients.

PERMANENT IMPROVEMENTS

One of the urgent needs of the hospital for some time has been additional room. The Legislature of last year authorized the Board of Regents to issue bonds in the sum of \$550,000.00 for new buildings and equipment at the S. C. State Hospital and also at the State Training School at Clinton.

For some time the validity of the bonds was held up by reason of Court procedure. After the decision of the Supreme Court in favor of the bonds they were sold. In the meantime certain restrictions were being placed by the Federal government upon certain building materials. Before contracts could be let it was necessary to secure permission from the Priorities Board in Washington as to the type of structure which could

be built here. Finally an agreement was reached and contracts have been let for 8 buildings, 4 at Columbia and 4 at State Park, with a capacity of 100 beds each. They are now under construction and unless something unforeseen occurs to prevent completion they will be ready for occupancy late in 1942 or early in 1943. This will largely relieve the overcrowding but will not afford room for expansion.

DEFENSE PROGRAM

All steps possible, with the exception of the construction of air raid shelters for the patients, have been taken to protect the hospital in the event of an enemy air raid.

In all wards and buildings have been placed materials necessary for protection from incendiary bombs, and the personnel has been instructed and shown how to use them. In this regard we are indebted to Columbia Fire Chief Marsh and his assistants who have been tireless in their efforts to instruct all employees regarding the necessary steps to safeguard the hospital in the event of fire.

Arrangements have been made to provide the hospital with water for fire fighting and boiler purposes in the event anything should happen to the city mains.

The wells at State Park which formerly furnished all water for that unit have been kept in service and at a few moments' notice can be put in operation not only for State Park but to be used as an auxiliary for supplying water there and at Columbia. Proper valves have been placed along the water line so that water can gravitate to Columbia from State Park and reach any of our wards. The hospital is exceptionally fortunate in this particular.

The hospital has organized 4 emergency teams—2 at State Park and 2 in the city; each composed of 2 physicians, 2 nurses and 2 attendants, with all emergency equipment as prescribed by the chief of the medical emergency service. Emergency operating rooms have been provided so should a blackout really occur there will be no interference with operations or first aid measures.

A practice blackout was held here prior to the two announced ones held in the city. It is gratifying to report that in every instance the conduct of the patients was excellent.

The hospital actively participated in all the city-wide practice blackouts.

MENTAL HYGIENE DEPARTMENT

During the past two years two members of the medical staff have assisted in this work by giving part time service. This became necessary because of rendering psychiatric service on Tuesdays to the local Child Guidance Center. Requests for service in the clinic continues to be greater than can be handled as they arise.

Clinics have been held regularly at Rock Hill, Spartanburg, Greenville and Anderson on alternate weeks; at Orangeburg, Florence and Charleston on the others; at the South Carolina State Hospital every Monday; and every Tuesday psychiatric service has been rendered to the Richland County Guidance Center at 1514 Assembly Street, Columbia, S. C.

The service rendered has been of the diagnostic, consultative and therapeutic type. In the Charleston clinic the morning has been given to adult cases; the afternoon being devoted to children. Most of these cases have been referred from the schools because of behavior problems or difficulty in progress there. Efforts are being made to interest the schools in mental hygiene. Psychiatric service has been rendered to the Bureau of Child Guidance, a mental hygiene program sponsored by the Junior League of Charleston.

Prevention has also been stressed at the Richland County Guidance Center on Tuesday where no cases over 18 years old have been accepted, emphasis being placed on the early age group. Cases have been accepted from physicians, schools, and recognized, established social agencies of Richland County.

In the other clinics both adults and children have been intermingled. Because all institutions dealing with the care of children have been refusing to consider applicants until they have been psychologically tested, this service has been continued although there has been no adequate provision for it on a State-wide basis.

Determining the proper cases for clinic service before the arrival of the patients being practically impossible, they have been accepted in the order requested. After reporting, those deemed suitable have been accepted for treatment. Many new

cases have been seen only once as they have been referred primarily for diagnosis and psychological testing.

The education program has continued whenever opportunity arose. Parent-Teacher organizations continue to be interested in mental hygiene and seek the services of the staff. One of the psychiatrists discussed the out-patient setup at a round table discussion during the orthopsychiatric convention in February 1942 in Detroit, Michigan.

STATISTICAL TABLE

	W.M.	W.F.	C.M.	C.F.	Total
New cases	309	246	39	36	630
Treatment visits	528	447	24	53	1,052
Consultations	19	39	2	5	65
Total number visits					1,747

	W.M.	W.F.	C.M.	C.F.	Total
Total number of individual cases	328	285	41	41	695

GUIDANCE CENTER

	Boys	Girls	Total
Total number of children	34	14	48
Staff conferences			51
Interviews			232

SOCIAL SERVICE

This department is concerned with the patient in the hospital and in preventive work through the medium of the mental hygiene clinics and in educational work with groups.

The workers assist the medical staff of the hospital by securing necessary information such as a complete family and personal history and data regarding the onset of the patient's mental condition, all of which aids in determining the diagnosis and treatment.

Complete histories are also secured in all criminal cases committed to the hospital for observation.

Often the workers are requested by the medical staff to arrange for the parole of patients, either with relatives, or to secure work for those who have no one able to help them. Arrangements are also made for the transfer of patients to the various county homes when they need only custodial care and have no family to make proper provision.

Assistance is given in the mental hygiene clinics by securing data about new cases; and securing necessary diet and medicine through local social agencies and individuals for patients unable to provide them.

During the past year talks have been made before various mothers' clubs, parent-teacher associations; and a course on "The Development of the Personality" was given for the Spartanburg County Department of Public Welfare.

Appreciation is expressed to the public officials, physicians, community social and health agencies and individuals for their helpful cooperation.

UNITED STATES PUBLIC HEALTH SERVICE

The United States Public Health Service continues to maintain a laboratory at the South Carolina State Hospital under the direction of Dr. Martin D. Young.

Your attention is especially called to his excellent report found elsewhere which sets forth the valuable research work that is being conducted.

ACKNOWLEDGMENTS

Appreciation is expressed to the Board of Regents for help and counsel in the administrative affairs of the hospital.

Grateful acknowledgment is made to all officers and employees for their loyalty and cooperation.

Sincere thanks are extended to numerous friends who have contributed to the pleasure and benefit of the patients by gifts of money, books, magazines and in many other thoughtful ways.

Respectfully submitted

C. F. WILLIAMS, M.D.

Superintendent.

PROGRESS REPORT
WILLIAMS' MALARIA LABORATORY
For the Year Ending June 30, 1942

July 1, 1942

Dr. C. F. Williams, Superintendent
South Carolina State Hospital
Columbia, South Carolina

Dear Doctor Williams:

I have the honor to submit herewith a report of the laboratory investigations conducted by the Williams' Malaria Research Laboratory of the South Carolina State Hospital, in cooperation with the U. S. Public Health Service.

RESEARCH

The range of action of sodium bismuth thioglycollate (thio-bismol) upon *Plasmodium vivax* was determined to be from 16 to 28 hours after a fever peak. By administering the drug during this time, it is possible to eliminate one group of parasites, thus changing the daily occurrence of *vivax* paroxysms to that of every other day. The latter periodicity of fevers is of direct benefit to the neurosyphilitic patient undergoing malaria therapy as he is better able to withstand the course of infection.

No such selective action of thio-bismol could be demonstrated against *P. malariae* or *P. falciparum*.

According to our observations, sulfathiazole is not a dependable therapeutic drug against clinical *falciparum* malaria.

In cooperation with Dr. W. H. Taliaferro of the University of Chicago an attempt, apparently unsuccessful, was made to infect chimpanzee with our strain of *P. falciparum*.

A cooperative program was set up in April with the Miami Beach Quarantine Station to detect and prevent if possible the introduction of new species of malaria from Africa by air travelers. Several infections have been detected but so far no new species have been found.

An indoor insectary, with temperature and humidity controls, has been set up. A large colony of *Anopheles quadrimaculatus*, the malaria mosquito of the Southeast, has been established. This enables us to better study the role of the mosquito as a

malaria carrier. It is serving as a source of supply of infected mosquitoes for this and other hospitals.

Various kinds of mosquitoes, from this and other parts of the country, are being tested for their ability to transmit malaria. This is of particular public health significance during the war period because of the movement of troops and the establishment of troop concentrations in the South.

The laboratory continues to fill many requests for therapeutic malaria and for information upon its use in the treatment of neurosyphilis.

LABORATORY OPERATIONS

Shipments of malaria for treatment of neurosyphilitics—97 (containing 143 inocula).

Malaria infected mosquitoes shipped for therapy—about 1,000.

Local inoculations of South Carolina State Hospital patients by blood and by mosquitoes are listed below according to species of malaria used:

<i>Plasmodium falciparum</i>	29
<i>Plasmodium vivax</i>	35
<i>Plasmodium malariae</i>	69

Lectures and demonstrations have been given by the laboratory staff to the senior class of the Medical College of South Carolina, the nurses of the State and the Columbia Hospitals, and to classes at the University of South Carolina.

A paper prepared by the Committee on Medical Research of the National Malaria Society, of which Dr. Young is a member, was read at the Southern Medical Meeting in St. Louis, Missouri.

Dr. Young presented a report on the use of thio-bismol in malaria to the Association of Southeastern Biologist Meeting in Miami, Florida.

PAPERS PUBLISHED

July 1, 1941-June 30, 1942

"Studies on Induced Quartan Malaria in Negro Paretics III. Measurements of the Paroxysmal Phases", by Doctors Young, Coatney and McLendon; Sou. Med. Jour. 34(7):709-712. 1941.

"The Oral Transmission of *Plasmodium relictum* in the Pigeon", by Doctor Young; Public Heal. Rep., 56(28): 1439-1440. 1941.

"The Taxonomy of the Human Malaria Parasites with Notes on the Principal American Strains", by Doctors Coatney and Young; A.A.A.S. Symposium No. 15. 19-24. 1941.

"The Morphology, Life Cycle and Physiology of *Plasmodium malariae* (Grassi and Feletti, 1890)", by Doctors Young and Coatney; A.A.A.S. Symposium No. 15. 22-29. 1941.

"The Technic of Induced Malaria as Used in the South Carolina State Hospital", by Doctors Mayne and Young; Venereal Disease Information 22(8):271-276.

"A Study of the Paroxysms Resulting from Induced Infections of *Plasmodium vivax*", by Doctors Coatney and Young; Amer. Jr. Hyg., 35(1):138-141. 1942.

PAPERS SUBMITTED FOR PUBLICATION

"The Effects of Thio-Bismol Upon the Three Species of Therapeutic Malaria", by Doctors Young, McLendon and Smarr.

"A Review of Recent Work in Avian Malaria", by Doctor Young.

MISCELLANEOUS

During the summer of 1942, Dr. John M. Ellis served under temporary appointment. His investigations concerned the study of *Anopheles walkeri* in an attempt to establish a colony. Most of his time was spent in Tennessee where he collected the mosquitoes.

Besides the director, the station of the laboratory includes, Dr. Robert W. Burgess, entomologist; Mr. William M. May, medical technician, and Miss Thelma Garvin, stenographer.

Respectfully submitted

MARTIN D. YOUNG

Director.

REPORT OF ARCHITECTS

July 1, 1942

Dr. C. F. Williams, Superintendent
South Carolina State Hospital
Columbia, South Carolina

Dear Sir:

We submit a report covering the construction activities at South Carolina State Hospital since July 1, 1941.

One of the most needed buildings at the State Hospital was a building for criminal insane in Columbia. Pending final decision as to what other buildings would be constructed, the Board of Regents authorized the architects to proceed with the plans and specifications for this building. This was in April, 1942. Before the plans and specifications were entirely completed, an application was made to the War Production Board for a preference rating and authorization to construct this building. The War Production Board rejected this application, because of the amount of critical material involved. We were advised to contact the War Production Board with the idea of designing buildings that would use less critical material. Dr. Williams and Robert S. Lafaye went to Washington and had a conference with the War Production Board and outlined the type of buildings required.

Before this application could be approved by the War Production Board it was necessary that the application first be approved by the Department of Public Health. Approval by Dr. Crabtree enabled us to prepare plans and estimates for re-submission to the War Production Board. A building program was then decided on as follows:

Construct in Columbia, S. C. and State Park, S. C. eight (8) buildings, planned exactly alike.

2 buildings for male patients, Columbia, 100 patients each	200 patients
2 buildings for female patients, Columbia, 100 patients each	200 patients
2 buildings for male patients, State Park, 100 patients each	200 patients
2 buildings for female patients, State Park, 100 patients each	200 patients

Total	800 patients
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Preference Rating Order P-19-h, with a rating of A-8 was issued as a blanket rating for the entire project. Contracts have been awarded, and work is progressing satisfactorily on all buildings. During the progress of the work, it has been necessary to obtain higher ratings, through application to the War Production Board, for special materials. We have received ratings as high as AA-3 on some materials.

The architects wish to state at this point that we have had fine cooperation in connection with required priorities, from the War Production Board. This project has withstood several investigations as to its necessity since construction was started, but to date no stop orders have been issued. All materials, including critical, have been purchased, with the exception of eight electric motors required for heating plants. We expect these to come through shortly, however.

Below is a statement of contracts awarded:

General Construction Co., Buildings	\$359,000.00
Clark Heating Company, Heating	32,000.00
<hr/>	
Total cost of 8 buildings	\$398,980.00

The buildings being constructed are one-story with brick walls; concrete floors on grade, or earth fill; hollow tile partitions plastered; wood ceiling joists and rafters; interior ceilings covered with insulated fibre board; roof asbestos shingles.

The buildings are being heated with forced warm air heating systems.

This type of construction has used the least amount of critical material, hence approval of the application was secured from the War Production Board.

With reference to the plans and specifications for the Criminal Insane Building, these are about 90 per cent complete. The Board of Regents has authorized payment to the architects for the work done to date, and the documents are to be held until such time when funds are available to construct the building. This cannot be done until the present emergency is over, and it

is possible to obtain the necessary steel and other materials to construct a building of this type.

Respectfully submitted

LAFAYE, LAFAYE & FAIR,

Architects.

By: R. S. Lafaye.

STATISTICAL TABLES

PSYCHOSES OF FIRST ADMISSIONS

PSYCHOSES	White Males	White Females	Colored Males	Colored Females	Total
Psychoses with Syphilitic Meningo-Encephalitis (General Paresis) ..	33	9	56	15	113
Psychoses with Other Forms of Syphilis of the Central Nervous System	1	..	4	..	5
Meningo-vascular type (cerebral syphilis)	1	..	2	..	3
With tabes dorsalis .....	..	..	2	..	2
Psychoses with Other Infectious Diseases .....	..	..	1	..	1
With measles .....	..	..	1	..	1
Alcoholic Psychoses	13	..	5	..	18
Paranoid	2	..	..	..	2
Delirium tremens	4	..	..	..	4
Korsakow's psychosis	1	..	..	..	1
Acute hallucinosis	5	..	5	..	10
Deterioration	1	..	..	..	1
Psychoses Due to Drugs or Other Exogenous Poisons	1	2	..	..	3
Due to paregoric, B.C. powders, etc.	1	2	..	..	3
Traumatic Psychoses	1	..	1	..	2
Traumatic delirium	1	..	..	..	1
Post-traumatic personality disorders .....	..	..	1	..	1
Psychoses with Cerebral Arteriosclerosis	37	18	22	23	100
Psychoses with Other Disturbances of Circulation	16	6	10	3	35
With cardio-renal disease	16	6	10	3	35
Psychoses with Convulsive Disorders (Epilepsy)	10	9	5	12	36
Epileptic deterioration	7	7	3	12	29
Epileptic clouded states	3	2	2	..	7
Senile Psychoses	14	7	3	10	34
Simple deterioration	12	4	2	4	22
Presbyophrenic type .....	..	1	..	..	1
Delirious and confused types	1	..	1	3	5
Depressed and agitated types .....	..	1	..	3	4
Paranoid types	1	1	..	..	2
Involutional Psychoses	7	15	..	1	23
Melancholia	6	15	..	1	22
Paranoid types	1	..	..	..	1
Psychoses Due to Other Metabolic, Etc. Diseases	6	6	4	13	29
Post encephalitis .....	..	1	..	..	1
General arterio sclerosis .....	..	3	2	..	5
With pellagra	1	2	2	7	12
With other somatic diseases	5	..	..	6	11
Psychoses Due to New Growth	1	..	..	..	1
With intracranial neoplasms	1	..	..	..	1
Psychoses Associated with Organic Changes of the Nervous System	2	3	1	..	6
With post encephalitis lethargica	2	2	1	..	5
With paralysis agitans .....	..	1	..	..	1
Psychoneuroses	4	29	1	..	34
Hysteria	1	18	1	..	20
Psychasthenia .....	..	1	..	..	1
Neurasthenia	2	10	..	..	12
Anxiety state	1	..	..	..	1
Manic-Depressive Psychoses	59	51	55	48	213
Manic type	14	20	52	40	126
Depressive type	42	25	3	8	78
Circular type	1	..	..	..	1
Mixed type	2	6	..	..	8
Dementia Praecox (Schizophrenia)	33	36	21	19	109
Hebephrenic type	19	12	11	8	50
Catatonic type	12	20	7	8	47
Paranoid type	2	4	3	3	12
Paranoia and Paranoid Conditions	2	3	3	2	10
Paranoia	1	1	..	2	4
Paranoid conditions	1	2	3	..	6
Psychoses with Psychopathic Personality .....	..	1	..	..	1
Psychoses with Mental Deficiency	4	1	5	5	15
Undiagnosed Psychoses	9	18	9	4	40
Without Psychoses	67	27	35	20	149
Alcoholism	25	3	5	1	34
Anxiety neurosis	1	..	..	..	1
Dotage	1	..	..	..	1
Drug addiction	8	2	..	..	10
Epilepsy	1	..	1	1	3
Mental deficiency	14	8	27	13	62
Physical condition	2	2	..	2	6
Primary behavior disorders	3	1	..	..	4
Psychopathic personality	4	3	..	..	7
Without mental disorder	8	8	2	3	21
Total	320	241	241	175	977

AGE OF FIRST ADMISSIONS CLASSIFIED WITH REFERENCE TO PRINCIPAL PSYCHOSES
WHITE RACE

PSYCHOSES	Total			Under 15 years			15-19 years			20-24 years			25-29 years			30-34 years			35-39 years			40-44 years			45-49 years			50-54 years			55-59 years			60-64 years			65-69 years			70 years and over			
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T				
Psychoses with syphilitic meningo-encephalitis (general paresis)	33	9	42	1	..	1	5	1	6	2	1	3	12	1	13	7	3	10	2	2	4	3	..	3	..	1	1	1	..	1	
Psychoses with other forms of syphilis of the central nervous system	1	..	1		
Alcoholic psychoses	13	..	13	2	..	2	3	..	3	2	..	2	1	..	1	..	1	3	..	3	..	1	..	1	1	
Psychoses due to drugs or other exogenous poisons	1	2	3	2	2	2	..	1	..	1	..	1	..	1	1	..	1	
Traumatic psychoses	1	..	1	1	..	1	
Psychoses with cerebral arteriosclerosis	37	18	55	1	..	1	..	3	3	2	2	2	5	3	8	2	4	9	9	8	12	9	1	10	6	4	10	
Psychoses with other disturbances of circulation	16	6	22	1	1	1	1	1	1	1	2	2	2	4	7	1	8	5	1	6			
Psychoses with convulsive disorders (epilepsy)	10	9	19	2	2	4	4	1	5	1	2	3	..	1	1	..	2	2	1	..	1	2	..	2	..	1	1	..	2	1	1	..	3	3	1	4	11	2	..	13	
Senile psychoses	14	7	21	
Involuntional psychoses	7	15	22	1	1	..	3	3	..	4	4	1	1	..	2	4	1	..	3	3	3	1	4	11	2	..	
Psychoses due to other metabolic, etc., diseases	6	6	12	1	1	1	..	1	1	1	3	..	3	1	..	1	..	4	5	9	2	2	4	1	..	3	3	..	1	..	1	1	
Psychoses due to new growth	1	..	1	1	..	1	1	3	..	3	1	..	1	
Psychoses associated with organic changes of the nervous system	2	3	5	1	2	3	1	1	
Psychoneuroses	4	29	33	1	1	..	2	2	1	8	9	2	7	9	5	5	1	1	..	4	4	1	1	..	1	..	1	1
Manic-depressive psychoses	59	51	110	4	3	7	3	12	15	15	6	21	7	10	17	10	5	15	6	4	10	4	4	8	4	3	2	3	3	6	3	..	3	..	1	1	1	1
Dementia praecox (schizophrenia)	33	36	69	5	4	9	9	14	23	9	8	17	7	5	12	1	3	4	..	2	2	..	2	2	2	2	2	3	3	6	3	..	3	..	1	1
Paranoia and paranoid conditions	2	3	5	1	..	1	1	1
Psychoses with psychopathic personality	..	1	1	1	1	1	1	..	1	1
Psychoses with mental deficiency	4	1	5	1	1	..	1	1	..	1	..	1	1	1	..	1	..	1	..	1	..	1	..	1	1	2	3	
Undiagnosed psychoses	9	18	27	2	2	3	1	4	..	4	4	1	3	1	4	1	5	6	..	1	1	1	2	3	1	1	1	1	1	1
Without psychoses	67	27	94	4	2	6	8	5	13	7	4	11	6	2	8	13	2	15	7	5	12	8	5	13	2	2	5	..	5	4	1	5	1	1	2	2	2	..
Total	320	241	561	4	2	6	20	18	38	28	35	63	43	28	71	35	32	67	34	26	60	31	23	54	18	20	38	29	15	44	18	17	35	14	10	24	21	6	27	25	9	34	

AGE OF FIRST ADMISSIONS CLASSIFIED WITH REFERENCE TO PRINCIPAL PSYCHOSES
COLORED RACE

PSYCHOSES	Total			Under 15 years			15-19 years			20-24 years			25-29 years			30-34 years			35-39 years			40-44 years			45-49 years			50-54 years			55-59 years			60-64 years			65-69 years			70 years and over			
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T				
Psychoses with syphilitic meningo-encephalitis (general paresis)	56	15	71	3	1	4	1	1	2	5	1	6	5	2	7	9	4	13	8	2	10	9	1	10	5	2	7	4	..	4	3	..	3	3	1	4	1	..	1	
Psychoses with other forms of syphilis of the central nervous system	4	..	4	1	..	3	
Psychoses with other infectious diseases	1	..	1	1	..	1	
Alcoholic psychoses	5	..	5	1	..	1	1	
Traumatic psychoses	1	..	1	1	..	1	1	
Psychoses with cerebral arteriosclerosis	22	23	45	1	..	1	2	1	3	..	2	2	5	1	6	1	5	6	3	1	4	4	5	9	4	6	10	2	2	..	4
Psychoses with other disturbances of circulation	10	3	13	1	..	1	1	
Psychoses with convulsive disorders (epilepsy)	5	12	17	1	1	..	5	5	..	4	4	2	1	3	2	1	3	1	..	1
Senile psychoses	3	10	13	1	1	2	2	1	1	2	1	3	4	1	3		
Involuntal psychoses	..	1	1	1	1	
Psychoses due to other metabolic, etc., diseases	4	13	17	1	1	..	1	1	..	1	1	..	2	2	..	1	1	2	2	1	1	2	..	1	1	1	1	2	1	1	2	
Psychoses associated with organic changes of the nervous system	1	..	1	1	..	1	
Psychoneuroses	1	..	1	1	..	1	
Manic-depressive psychoses	55	48	103	8	3	11	16	8	24	9	13	22	7	10	17	4	8	12	4	2	6	5	3	8	2	1	3
Dementia praecox (schizophrenia)	21	19	40	..	1	1	4	4	8	7	4	11	6	5	11	1	3	4	3	2	5
Paranoia and paranoid conditions	3	2	5	2	..	2	
Psychoses with mental deficiency	5	5	10	2	1	3	1	2	3	..	1	1	..	1	..	1	2	
Undiagnosed psychoses	9	4	13	2	2	4	2	..	2	3	..	3	1	1	2	1	2	
Without psychoses	35	20	55	4	4	8	12	5	17	6	3	9	5	2	7	1	4	5	2	1	3	4	..	4	1	..	1	1	1
Total	241	175	416	4	6	10	27	15	42	37	25	62	28	29	57	24	22	46	26	19	45	25	10	35	25	9	34	11	10	21	9	6	15	10	7	17	11	12	23	4	5	9	

DEGREE OF EDUCATION OF FIRST ADMISSIONS CLASSIFIED WITH REFERENCE TO
PRINCIPAL PSYCHOSES

WHITE RACE

PSYCHOSES	Total			Illiterate			Reads and Writes			Common School			High School			College			Unascertained		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
Psychoses with syphilitic meningo- cephalitis (general paresis)	33	9	42	4	1	5	..	..	..	20	3	23	5	2	7	..	2	2	4	1	5
Psychoses with other forms of syph- ilis of the central nervous system	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1
Alcoholic psychoses	13	..	13	1	..	1	..	..	..	8	..	8	3	..	3	1	..	1	..	..	..
Psychoses due to drugs or other exogenous poisons	1	2	3	..	..	..	..	..	..	1	1	2	..	1	1	..	..	..	..	..	..
Traumatic psychoses	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1
Psychoses with cerebral arteriosclerosis of circulation	37	18	55	4	1	5	..	..	..	18	7	25	7	4	11	3	2	5	5	4	9
Psychoses with other disturbances of circulation	16	6	22	1	1	2	..	1	1	10	2	12	3	..	3	1	..	1	1	2	3
Psychoses with convulsive disorders (epilepsy)	10	9	19	2	..	2	..	..	..	3	5	8	4	3	7	..	..	..	1	1	2
Senile psychoses	14	7	21	..	1	1	..	..	..	6	3	9	1	..	1	2	1	3	5	2	7
Involutional psychoses	7	15	22	..	..	..	..	..	..	5	5	10	..	3	3	1	5	6	1	2	3
Psychoses due to other metabolic, etc., diseases	6	6	12	2	..	2	..	..	..	1	4	5	2	1	3	1	1	2	..	..	..
Psychoses due to new growth	1	..	1	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..
Psychoses associated with organic changes of the nervous system	2	3	5	..	..	..	..	..	..	..	1	1	1	2	3	..	..	..	1	..	1
Psychoneuroses	4	29	33	1	1	2	..	..	..	2	13	15	1	8	9	..	6	6	..	1	1
Manic-depressive psychoses	59	51	110	4	1	5	1	..	1	24	15	39	19	18	37	9	12	21	2	5	7
Dementia praecox (schizophrenia) ..	33	36	69	1	..	1	..	..	..	18	11	29	7	13	20	3	7	10	4	5	9
Paranoia and paranoid conditions	2	3	5	..	..	..	..	..	..	..	1	1	..	2	2	..	2	..	..	..	..
Psychoses with psychopathic person- ality .....	..	1	1	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..
Psychoses with mental deficiency	4	1	5	1	..	1	..	..	..	1	..	1	..	..	..	..	..	..	2	1	3
Undiagnosed psychoses	9	18	27	..	..	..	..	..	..	4	10	14	3	4	7	..	2	2	2	2	4
Without psychoses	67	27	94	9	4	13	2	..	2	31	13	44	12	2	14	5	3	8	8	5	13
Total	320	241	561	30	10	40	3	1	4	153	94	247	68	64	132	28	41	69	38	31	69

DEGREE OF EDUCATION OF FIRST ADMISSIONS CLASSIFIED WITH REFERENCE TO
PRINCIPAL PSYCHOSES

COLORED RACE

PSYCHOSES	Total			Illiterate			Reads and Writes			Common School			High School			College			Unascertained		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
Psychoses with syphilitic meningo- cephalitis (general paresis)	56	15	71	24	5	29	9	..	9	20	8	28	..	1	1	..	..	..	3	1	4
Psychoses with other forms of syph- ilis of the central nervous system	4	..	4	..	..	..	..	..	..	4	..	4	..	..	..	..	..	..	..	..	..
Psychoses with other infectious dis- eases	1	..	1	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..
Alcoholic psychoses	5	..	5	2	..	2	..	..	..	3	..	3	..	..	..	..	..	..	..	..	..
Traumatic psychoses	1	..	1	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Psychoses with cerebral arteriosclerosis	22	23	45	10	8	18	..	2	2	10	8	18	..	..	..	1	1	2	4	6	6
Psychoses with other disturbances of circulation	10	3	13	4	1	5	..	1	1	5	..	5	..	..	..	..	..	..	1	1	2
Psychoses with convulsive disorders (epilepsy)	5	12	17	4	4	8	..	1	1	..	6	6	..	1	1	..	..	..	1	..	1
Senile psychoses	3	10	13	2	4	6	1	1	2	..	3	3	..	..	..	..	..	..	2	2	2
Involuntal psychoses .....	..	1	1	..	..	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..
Psychoses due to other metabolic, etc., diseases	4	13	17	3	5	8	..	1	1	1	6	7	..	..	..	..	..	..	1	1	1
Psychoses associated with organic changes of the nervous system ...	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..
Psychoneuroses	1	..	1	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..
Manic-depressive psychoses	55	48	103	17	7	24	6	5	11	24	29	53	3	2	5	..	2	2	5	3	8
Dementia praecox (schizophrenia)	21	19	40	1	5	6	3	..	3	14	11	25	2	4	..	..	..	..	1	1	2
Paranoia and paranoid conditions	3	2	5	1	..	1	..	..	..	2	1	3	..	..	..	1	1	..	..	..	..
Psychoses with mental deficiency	5	5	10	5	3	8	..	1	1	..	1	1	..	..	..	..	1	1	..	..	..
Undiagnosed psychoses	9	4	13	1	..	1	1	1	2	6	1	7	1	1	2	..	1	1	..	..	..
Without psychoses	35	20	55	19	10	29	6	2	8	4	4	8	..	2	2	1	1	2	5	1	6
Total	241	175	416	94	52	146	27	15	42	94	79	173	6	9	15	2	6	8	18	14	32

ENVIRONMENT OF FIRST ADMISSIONS CLASSIFIED WITH REFERENCE TO PRINCIPAL PSYCHOSES
WHITE RACE

PSYCHOSES	Total			Urban			Rural		
	M	F	T	M	F	T	M	F	T
Psychoses with syphilitic meningo-encephalitis (general paresis)	33	9	42	25	8	33	8	1	9
Psychoses with other forms of syphilis of the central nervous system	1	..	1	..	..	..	1	..	1
Alcoholic psychoses	13	..	13	7	..	7	6	..	6
Psychoses due to drugs or other exogenous poisons	1	2	3	..	2	2	1	..	1
Traumatic psychoses	1	..	1	1	..	1	..	..	..
Psychoses with cerebral arteriosclerosis	37	18	55	17	10	27	20	8	28
Psychoses with other disturbances of circulation	16	6	22	6	1	7	10	5	15
Psychoses with convulsive disorders (epilepsy)	10	9	19	2	4	6	8	5	13
Senile psychoses	14	7	21	4	6	10	10	1	11
Involuntional psychoses	7	15	22	3	9	12	4	6	10
Psychoses due to other metabolic, etc., diseases	6	6	12	4	1	5	2	5	7
Psychoses due to new growth .....	..	..	1	1	..	1	..	..	..
Psychoses associated with organic changes of the nervous system	2	3	5	..	1	1	2	2	4
Psychoneuroses	4	29	33	1	17	18	3	12	15
Manic-depressive psychoses	59	51	110	19	32	51	40	19	59
Dementia praecox (schizophrenia)	33	36	69	13	20	33	20	16	36
Paranoia and paranoid conditions	2	3	5	1	3	4	1	..	1
Psychoses with psychopathic personality .....	..	1	1	..	..	..	..	1	1
Psychoses with mental deficiency	4	1	5	..	..	..	2	1	3
Undiagnosed psychoses	9	18	27	5	10	15	4	8	12
Without psychoses	67	27	94	29	19	48	38	8	46
Total	320	241	561	140	143	283	180	98	278

ENVIRONMENT OF FIRST ADMISSIONS CLASSIFIED WITH REFERENCE TO PRINCIPAL PSYCHOSES
COLORED RACE

PSYCHOSES	Total			Urban			Rural		
	M	F	T	M	F	T	M	F	T
Psychoses with syphilitic meningo-encephalitis (general paresis)	56	15	71	31	8	39	25	7	32
Psychoses with other forms of syphilis of the central nervous system	4	..	4	1	..	1	3	..	3
Psychoses with other infectious diseases	1	..	1	..	..	..	1	..	1
Alcoholic psychoses	5	..	5	3	..	3	2	..	2
Traumatic psychoses	1	..	1	..	..	..	1	..	1
Psychoses with cerebral arteriosclerosis	22	23	45	11	12	23	11	11	22
Psychoses with other disturbances of circulation	10	3	13	6	1	7	4	2	6
Psychoses with convulsive disorders (epilepsy)	5	12	17	2	4	6	3	8	11
Senile psychoses	3	10	13	3	6	9	..	4	4
Involuntional psychoses .....	..	1	1	..	1	1	..	..	..
Psychoses due to other metabolic, etc., diseases	4	13	17	2	3	5	2	10	12
Psychoses associated with organic changes of the nervous system	1	..	1	..	1	1	..	..	1
Psychoneuroses	1	..	1	..	..	..	1	..	1
Manic-depressive psychoses	55	48	103	29	13	42	26	35	61
Dementia praecox (schizophrenia)	21	19	40	10	5	15	11	14	25
Paranoia and paranoid conditions	3	2	5	1	2	3	2	..	2
Psychoses with mental deficiency	5	5	10	2	..	2	3	5	8
Undiagnosed psychoses	9	4	13	3	2	5	6	2	8
Without psychoses	35	20	55	20	10	30	15	10	25
Total	241	175	416	125	67	192	116	108	224

**ECONOMIC CONDITION OF FIRST ADMISSIONS CLASSIFIED WITH REFERENCE
TO PRINCIPAL PSYCHOSES
WHITE RACE**

PSYCHOSES	Total			Dependent			Marginal			Comfortable		
	M	F	T	M	F	T	M	F	T	M	F	T
Psychoses with syphilitic meningo-encephalitis (general paresis)	33	9	42	..	3	3	33	6	39	..	..	..
Psychoses with other forms of syphilis of the central nervous system	1	..	1	..	..	..	1	..	1	..	..	..
Alcoholic psychoses	13	..	13	..	..	..	13	..	13	..	..	..
Psychoses due to drugs or other exogenous poisons	1	2	3	..	..	..	1	2	3	..	..	..
Traumatic psychoses	1	..	1	..	..	..	1	..	1	..	..	..
Psychoses with cerebral arteriosclerosis	37	18	55	1	..	1	34	18	52	2	..	2
Psychoses with other disturbances of circulation	16	6	22	1	..	1	15	6	21	..	..	..
Psychoses with convulsive disorders (epilepsy)	10	9	19	1	5	6	9	4	13	..	..	..
Senile psychoses	14	7	21	2	..	2	12	6	18	..	1	1
Involuntional psychoses	7	15	22	1	..	1	6	15	21	..	..	..
Psychoses due to other metabolic, etc., diseases	6	6	12	1	1	2	5	5	10	..	..	..
Psychoses due to new growth	1	..	1	..	..	1	..	..	1	..	..	..
Psychoses associated with organic changes of the nervous system	2	3	5	..	..	..	2	3	5	..	..	..
Psychoneuroses	4	29	33	..	..	..	3	29	32	1	..	1
Manic-depressive psychoses	59	51	110	4	5	9	53	45	98	2	1	3
Dementia praecox (schizophrenia)	33	36	69	2	14	16	31	21	52	..	1	1
Paranoia and paranoid conditions	2	3	5	..	..	..	2	3	5	..	..	..
Psychoses with psychopathic personality .....	..	1	1	..	..	..	..	1	1	..	..	..
Psychoses with mental deficiency	4	1	5	2	1	3	2	..	2	..	..	..
Undiagnosed psychoses	9	18	27	..	2	2	9	16	25	..	..	..
Without psychoses	67	27	94	5	10	15	57	17	74	5	..	5
Total	320	241	561	21	41	62	289	197	486	10	3	13

**ECONOMIC CONDITION OF FIRST ADMISSIONS CLASSIFIED WITH REFERENCE
TO PRINCIPAL PSYCHOSES
COLORED RACE**

PSYCHOSES	Total			Dependent			Marginal		
	M	F	T	M	F	T	M	F	T
Psychoses with syphilitic meningo-encephalitis (general paresis)	56	15	71	4	1	5	52	14	66
Psychoses with other forms of syphilis of the central nervous system	4	..	4	..	..	..	4	..	4
Psychoses with other infectious diseases	1	..	1	..	..	..	1	..	1
Alcoholic psychoses	5	..	5	..	..	..	5	..	5
Traumatic psychoses	1	..	1	..	..	..	1	..	1
Psychoses with cerebral arteriosclerosis	22	23	45	2	..	2	20	23	43
Psychoses with other disturbances of circulation	10	3	13	..	1	1	10	2	12
Psychoses with convulsive disorders (epilepsy)	5	12	17	..	..	..	5	12	17
Senile psychoses	3	10	13	..	..	..	3	10	13
Involuntional psychoses .....	..	1	1	..	..	..	..	1	1
Psychoses due to other metabolic, etc., diseases	4	13	17	..	..	..	4	13	17
Psychoses associated with organic changes of the nervous system	1	..	1	..	..	..	1	..	1
Psychoneuroses	1	..	1	..	..	..	1	..	1
Manic-depressive psychoses	55	48	103	2	..	2	53	48	101
Dementia praecox (schizophrenia)	21	19	40	..	1	1	21	18	39
Paranoia and paranoid conditions	3	2	5	..	..	..	3	2	5
Psychoses with mental deficiency	5	5	10	..	..	..	5	5	10
Undiagnosed psychoses	9	4	13	..	..	..	9	4	13
Without psychoses	35	20	55	1	4	5	34	16	50
Total	241	175	416	9	7	16	232	168	400

**USE OF ALCOHOL BY FIRST ADMISSIONS CLASSIFIED WITH REFERENCE TO PRINCIPAL PSYCHOSES
WHITE RACE**

PSYCHOSES	Total			Abstinent			Temperate			Intemperate			Unascertained		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
Psychoses with syphilitic meningo-encephalitis (general paresis)	33	9	42	7	8	15	9	1	10	4	..	4	13	..	13
Psychoses with other forms of syphilis of the central nervous system	1	..	1	..	..	..	..	..	..	1	..	1	..	..	..
Alcoholic psychoses	13	..	13	..	..	..	..	..	..	13	..	13	..	..	..
Psychoses due to drugs or other exogenous poisons	1	2	3	..	2	2	..	..	..	1	..	1	..	..	..
Traumatic psychoses	1	..	1	1	..	1	..	..	..	..	..	..	..	..	..
Psychoses with cerebral arteriosclerosis	37	18	55	26	18	44	3	..	3	2	..	2	6	..	6
Psychoses with other disturbances of circulation	16	6	22	7	6	13	7	..	7	2	..	2	..	..	..
Psychoses with convulsive disorders (epilepsy)	10	9	19	8	9	17	2	..	2	..	..	..	..	..	..
Senile psychoses	14	7	21	8	7	15	4	..	4	2	..	2	..	..	..
Involutional psychoses	7	15	22	7	15	22	..	..	..	..	..	..	..	..	..
Psychoses due to other metabolic, etc., diseases	6	6	12	4	6	10	2	..	2	..	..	..	..	..	..
Psychoses due to new growth	1	..	1	..	1	..	..	..	..	..	..	..	..	..	..
Psychoses associated with organic changes of the nervous system	2	3	5	2	3	5	..	..	..	..	..	..	..	..	..
Psychoneuroses	4	29	33	4	29	33	..	..	..	..	..	..	..	..	..
Manic-depressive psychoses	59	51	110	27	50	77	30	1	31	2	..	2	..	..	..
Dementia praecox (schizophrenia)	33	36	69	18	34	52	2	2	4	..	..	..	13	..	13
Paranoia and paranoid conditions	2	3	5	1	3	4	1	..	1	..	..	..	..	..	..
Psychoses with psychopathic personality .....	..	1	1	..	1	1	..	..	..	..	..	..	..	..	..
Psychoses with mental deficiency	4	1	5	4	1	5	..	..	..	..	..	..	..	..	..
Undiagnosed psychoses	9	18	27	5	18	23	3	..	3	1	..	1	..	..	..
Without psychoses	67	27	94	26	23	49	8	1	9	33	1	34	..	2	2
Total	320	241	561	156	233	389	71	5	76	61	1	62	32	2	34

**USE OF ALCOHOL BY FIRST ADMISSIONS CLASSIFIED WITH REFERENCE TO PRINCIPAL PSYCHOSES
COLORED RACE**

PSYCHOSES	Total			Abstinent			Temperate			Intemperate			Unascertained		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
Psychoses with syphilitic meningo-encephalitis (general paresis)	56	15	71	34	14	48	13	1	14	6	..	6	3	..	3
Psychoses with other forms of syphilis of the central nervous system	4	..	4	3	..	3	..	..	..	1	..	1	..	..	..
Psychoses with other infectious diseases	1	..	1	..	..	..	1	..	1	..	..	..	..	..	..
Alcoholic psychoses	5	..	5	..	..	..	..	..	5	..	..	5	..	..	..
Traumatic psychoses	1	..	1	1	..	1	..	..	..	..	..	..	..	..	..
Psychoses with cerebral arteriosclerosis	22	23	45	13	23	36	5	..	5	3	..	3	1	..	1
Psychoses with other disturbances of circulation	10	3	13	6	3	9	2	..	2	1	..	1	1	..	1
Psychoses with convulsive disorders (epilepsy)	5	12	17	3	12	15	1	..	1	..	..	1	..	..	1
Senile psychoses	3	10	13	2	10	12	1	..	1	..	..	..	..	..	..
Involutional psychoses .....	..	1	1	..	1	1	..	..	..	..	..	..	..	..	..
Psychoses due to other metabolic, etc., diseases	4	13	17	..	13	13	2	..	2	2	..	2	..	..	..
Psychoses associated with organic changes of the nervous system	1	..	1	1	..	1	..	..	..	..	..	..	..	..	..
Psychoneuroses	1	..	1	..	..	..	1	..	..	..	..	..	..	..	..
Manic-depressive psychoses	55	48	103	30	48	78	17	..	17	7	..	7	1	..	1
Dementia praecox (schizophrenia)	21	19	40	15	19	34	3	..	3	3	..	3	..	..	..
Paranoia and paranoid conditions	3	2	5	2	2	4	1	..	1	..	..	..	..	..	..
Psychoses with mental deficiency	5	5	10	4	5	9	1	..	1	..	..	..	..	..	..
Undiagnosed psychoses	9	4	13	6	4	10	3	..	3	..	..	..	..	..	..
Without psychoses	35	20	55	25	17	42	..	2	2	7	1	8	3	..	3
Total	241	175	416	145	171	316	51	3	54	35	1	36	10	..	10

MARITAL CONDITION OF FIRST ADMISSIONS CLASSIFIED WITH REFERENCE
TO PRINCIPAL PSYCHOSES

WHITE RACE

PSYCHOSES	Total			Single			Married			Widowed			Separated			Divorced			Unascertained		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
Psychoses with syphilitic meningo- encephalitis (general paresis)	33	9	42	4	..	4	24	3	27	..	1	1	2	5	7	2	..	2	1	..	1
Psychoses with other forms of syph- ilis of the central nervous system	1	..	1	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..
Alcoholic psychoses	13	..	13	3	..	3	6	..	6	1	..	1	2	..	2	1	..	1	..	..	..
Psychoses due to drugs or other exogenous poisons	1	2	3	..	..	..	..	2	2	..	..	..	1	..	1	..	..	..	..	..	..
Traumatic psychoses	1	..	1	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Psychoses with cerebral arteriosclerosis	37	18	55	3	3	6	25	5	30	6	9	15	..	1	1	1	..	1	2	..	2
Psychoses with other disturbances of circulation	16	6	22	1	1	2	11	4	15	4	1	5	..	..	..	..	..	..	..	..	..
Psychoses with convulsive disorders (epilepsy)	10	9	19	7	3	10	3	4	7	..	..	..	2	2	..	..	..	..	..	..	..
Senile psychoses	14	7	21	4	2	6	8	2	10	2	3	5	..	..	..	..	..	..	..	..	..
Involutional psychoses	7	15	22	..	3	3	6	11	17	1	1	2	..	..	..	..	..	..	..	..	..
Psychoses due to other metabolic, etc., diseases	6	6	12	2	3	5	3	1	4	..	2	2	..	..	..	1	..	1	..	..	..
Psychoses due to new growth	1	..	1	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Psychoses associated with organic changes of the nervous system	2	3	5	2	..	2	..	2	2	..	1	1	..	..	..	..	..	..	..	..	..
Psychoneuroses	4	29	33	2	11	13	1	12	13	..	1	1	1	2	3	..	3	3	..	..	..
Manic-depressive psychoses	59	51	110	19	17	36	35	29	64	1	2	3	3	2	5	1	1	2	..	..	..
Dementia praecox (schizophrenia)	33	36	69	28	19	47	3	13	16	..	2	2	2	2	4	..	..	..	..	..	..
Paranoia and paranoid conditions	2	3	5	1	2	1	1	2	..	..	..	..	..	1	1	..	..	..	..	..	..
Psychoses with psychopathic per- sonality .....	..	1	1	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Psychoses with mental deficiency	4	1	5	3	1	4	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..
Undiagnosed psychoses	9	18	27	2	2	4	7	11	18	..	4	4	..	1	1	..	..	..	..	..	..
Without psychoses	67	27	94	26	14	40	32	11	43	3	1	4	2	..	2	2	1	3	2	..	2
Total	320	241	561	109	81	190	166	111	277	19	28	47	13	16	29	8	5	13	5	..	5

MARITAL CONDITION OF FIRST ADMISSIONS CLASSIFIED WITH REFERENCE
TO PRINCIPAL PSYCHOSES

COLORED RACE

PSYCHOSES	Total			Single			Married			Widowed			Separated			Divorced			Unascertained		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
Psychoses with syphilitic meningo- encephalitis (general paresis)	56	15	71	10	3	13	28	7	35	6	2	8	11	3	14	..	..	..	1	..	1
Psychoses with other forms of syph- ilis of the central nervous system	4	..	4	1	..	1	2	..	2	1	..	1	..	..	..	..	..	..	..	..	..
Psychoses with other infectious dis- eases	1	..	1	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Alcoholic psychoses	5	..	5	1	..	1	2	..	2	1	..	1	1	..	1	..	..	..	..	..	..
Traumatic psychoses	1	..	1	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..
Psychoses with cerebral arteriosclerosis	22	23	45	2	1	3	13	8	21	3	12	15	2	1	3	..	..	..	2	1	3
Psychoses with other disturbances of circulation	10	3	13	1	..	1	8	1	9	..	1	1	1	1	2	..	..	..	..	..	..
Psychoses with convulsive disorders (epilepsy)	5	12	17	3	8	11	1	4	5	..	..	..	..	..	..	..	..	..	1	..	1
Senile psychoses	3	10	13	1	..	1	1	4	5	1	5	6	..	1	1	..	..	..	..	..	..
Involutional psychoses .....	..	1	1	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..
Psychoses due to other metabolic, etc., diseases	4	13	17	..	4	4	2	4	6	1	2	3	1	3	4	..	..	..	..	..	..
Psychoses associated with organic changes of the nervous system ...	1	..	1	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Psychoneuroses	1	..	1	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..
Manic-depressive psychoses	55	48	103	29	16	45	26	22	48	..	2	2	..	7	7	..	..	..	..	..	..
Dementia praecox (schizophrenia) ...	21	19	40	15	12	27	4	4	8	..	3	3	2	..	2	..	..	..	..	..	..
Paranoia and paranoid conditions ...	3	2	5	..	..	..	1	..	1	..	2	2	2	..	2	..	..	..	..	..	..
Psychoses with mental deficiency ...	5	5	10	5	2	7	..	3	3	..	..	..	..	..	..	..	..	..	..	..	..
Undiagnosed psychoses	9	4	13	4	..	4	4	4	8	1	..	1	..	..	..	..	..	..	..	..	..
Without psychoses	35	20	55	31	16	47	3	2	5	..	..	..	1	2	3	..	..	..	..	..	..
Total	241	175	416	105	62	167	96	63	159	15	29	44	21	19	40	..	1	1	4	1	5

PSYCHOSES OF READMISSIONS

PSYCHOSES	White Males	White Females	Colored Males	Colored Females	Total
Psychoses with syphilitic meningo-encephalitis (general paresis)	2	..	1	2	5
Alcoholic psychoses	6	..	..	..	6
Psychoses due to drugs or other exogenous poisons	1	1	..	..	2
Psychoses with cerebral arteriosclerosis	5	5	4	1	15
Psychoses with other disturbances of circulation	3	4	..	..	7
Psychoses with convulsive disorders (epilepsy)	8	5	3	2	18
Senile psychoses .....	..	1	..	..	1
Involucional psychoses	1	1	..	..	2
Psychoses due to other metabolic, etc., diseases	1	1	1	1	4
Psychoses associated with organic changes of the nervous system .....	..	..	..	1	1
Psychoneuroses	2	12	..	..	14
Manic-depressive psychoses	38	34	15	26	113
Dementia praecox (schizophrenia)	17	25	4	11	57
Catatonic	6	14	1	6	27
Hebephrenic	8	8	3	3	22
Paranoid	3	2	..	2	7
Simple .....	..	1	..	..	1
Paranoia and paranoid conditions .....	..	1	1	..	2
Psychoses with psychopathic personality	1	2	..	..	3
Psychoses with mental deficiency	2	7	1	..	10
Undiagnosed psychoses .....	..	1	..	1	2
Total with psychosis	87	100	30	45	262
Without Psychosis					
Alcoholism	11	1	..	..	12
Drug addiction	1	4	..	..	5
Epilepsy .....	..	..	..	1	1
Mental deficiency	2	2	3	3	10
Psychopathic personality	5	2	..	..	7
Primary behavior disorders .....	..	1	..	..	1
Without mental disorder	1	2	..	..	3
Total without psychosis	20	12	3	4	39
Grand Total	107	112	33	49	301

DISCHARGES OF PATIENTS CLASSIFIED WITH REFERENCE TO PRINCIPAL PSYCHOSES
AND CONDITION ON DISCHARGE

WHITE RACE

PSYCHOSES	Total			Recovered			Improved			Unimproved			Without Psychoses		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
Psychoses with syphilitic meningo-encephalitis (general paresis)	13	1	14	..	..	..	13	1	14	..	..	..	..	..	..
Alcoholic psychoses	17	1	18	9	..	..	9	8	1	9	..	..	..	..	..
Psychoses due to drugs or other exogenous poisons	1	3	4	..	2	2	1	1	2	..	..	..	..	..	..
Psychoses with cerebral arteriosclerosis	18	7	25	..	1	1	16	6	22	12	..	2	..	..	..
Psychoses with other disturbances of circulation	9	7	16	..	..	..	8	6	14	1	1	2	..	..	..
Psychoses with convulsive disorders (epilepsy)	17	13	30	..	..	..	17	13	30	..	..	..	..	..	..
Senile psychoses	5	1	6	..	..	..	5	1	6	..	..	..	..	..	..
Involuntional psychoses	10	25	35	1	5	6	9	19	28	..	1	1	..	..	..
Psychoses due to other metabolic, etc., diseases	4	2	6	..	1	1	4	1	5	..	..	..	..	..	..
Psychoses associated with organic changes of the nervous system	1	1	2	..	..	..	..	1	1	1	..	1	..	..	..
Psychoneuroses	11	44	55	5	21	26	5	20	25	1	3	4	..	..	..
Manic-depressive psychoses	66	75	141	23	36	59	42	37	79	1	2	3	..	..	..
Dementia praecox (schizophrenia)	30	42	72	..	1	1	30	39	69	..	2	2	..	..	..
Paranoia and paranoid conditions	2	6	8	..	..	..	1	5	6	1	1	2	..	..	..
Psychoses with psychopathic personality	3	1	4	..	1	1	3	..	3	..	..	..	..	..	..
Psychoses with mental deficiency	5	5	10	..	..	..	5	5	10	..	..	..	..	..	..
Undiagnosed psychoses	8	7	15	..	..	..	7	5	12	1	2	3	..	..	..
Primary behavior disorders .....	..	2	2	..	1	1	..	..	..	..	1	1	..	..	..
Total with psychosis	220	243	463	38	69	107	174	161	335	8	13	21	..	..	..
Without Psychosis															
Alcoholism	34	5	39	..	..	..	..	..	..	..	..	..	34	5	39
Drug addiction	7	5	12	..	..	..	..	..	..	..	..	..	7	5	12
Epilepsy	1	1	2	..	..	..	..	..	..	..	..	..	1	1	2
Mental deficiency	9	3	12	..	..	..	..	..	..	..	..	..	9	3	12
Psychopathic personality	11	6	17	..	..	..	..	..	..	..	..	..	11	6	17
Primary behavior disorders	2	1	3	..	..	..	..	..	..	..	..	..	2	1	3
Other, unclassified, and unknown without psychosis	15	9	24	..	..	..	..	..	..	..	..	..	15	9	24
Total without psychosis	79	30	109	..	..	..	..	..	..	..	..	..	79	30	109
Grand Total	299	273	572	38	69	107	174	161	335	8	13	21	79	30	109

DISCHARGES OF PATIENTS CLASSIFIED WITH REFERENCE TO PRINCIPAL PSYCHOSES
AND CONDITION ON DISCHARGE

COLORED RACE

PSYCHOSES	Total			Recovered			Improved			Unimproved			Without Psychoses		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
Psychoses with syphilitic meningo-encephalitis (general paresis)	9	7	16	..	2	2	9	5	14	..	..	..	..	..	..
Alcoholic psychoses	8	..	8	3	..	3	5	..	5	..	..	..	..	..	..
Traumatic psychoses	1	..	1	..	..	..	1	..	1	..	..	..	..	..	..
Psychoses with cerebral arteriosclerosis	7	7	14	..	..	..	6	7	13	1	..	1	..	..	..
Psychoses with other disturbances of circulation	5	4	9	..	..	..	5	4	9	..	..	..	..	..	..
Psychoses with convulsive disorders (epilepsy)	5	1	6	..	..	..	5	1	6	..	..	..	..	..	..
Senile psychoses .....	..	1	1	..	..	..	..	1	1	..	..	..	..	..	..
Involuntional psychoses .....	..	1	1	..	..	..	..	1	1	..	..	..	..	..	..
Psychoses due to other metabolic, etc., diseases	4	10	14	..	5	5	4	5	9	..	..	..	..	..	..
Psychoneuroses .....	..	1	1	..	..	1	..	..	..	..	..	..	..	..	..
Manic-depressive psychoses	30	46	76	11	17	28	19	29	48	..	..	..	..	..	..
Dementia praecox (schizophrenia)	20	16	36	..	1	1	19	14	33	1	1	2	..	..	..
Paranoia and paranoid conditions	2	1	3	..	..	..	2	1	3	..	..	..	..	..	..
Psychoses with mental deficiency	3	2	5	..	1	1	2	1	3	1	..	1	..	..	..
Undiagnosed psychoses	3	1	4	..	..	..	2	1	3	1	..	1	..	..	..
Total with psychosis	97	98	195	14	27	41	79	70	149	4	1	5	..	..	..
Without Psychosis	3	..	3	..	..	..	..	..	..	..	..	..	3	..	3
Alcoholism	1	..	1	..	..	..	..	..	..	..	..	..	1	..	1
Epilepsy	10	6	16	..	..	..	..	..	..	..	..	..	10	6	16
Mental deficiency .....	..	1	1	..	..	..	..	..	..	..	..	..	..	1	1
Personality disorders .....	..	1	1	..	..	..	..	..	..	..	..	..	..	1	1
Other, unclassified, and unknown without psychosis	1	1	2	..	..	..	..	..	..	..	..	..	1	1	2
Total without psychosis	15	8	23	..	..	..	..	..	..	..	..	..	15	8	23
Grand Total	112	106	218	14	27	41	79	70	149	4	1	5	15	8	23

**CAUSES OF DEATH OF PATIENTS CLASSIFIED WITH REFERENCE TO PRINCIPAL PSYCHOSES
WHITE RACE**

CAUSES OF DEATH	Total		Senile			With cerebral arteriosclerosis			Syphilitic meningo-encephalitis			Alcoholic			Manic-depressive			Involutional psychoses			Dementia praecox			Paranoia and paranoid conditions			Convulsive disorders (epilepsy)			Psychoneuroses			With psychopathic personality			With mental deficiency			All other psychoses*			
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T						
Epidemic, Endemic and Infectious Diseases																																										
Typhoid	1		1																																		1	1				
Post-Influenzal encephalitis	1		1																																		1	1				
Tuberculosis of the respiratory system	11	3	14																																		1	1				
Purulent infection, septicaemia		1	1											1		1																				1	5					
Peritonitis																	1	1																								
General Diseases not Included in Class I	1		1																																		1	1				
Cancer and other malignant tumors		1	6	7		1	1							1		1		1	1																							
Tumor—brain		1																																			1	1				
Pellagra			2	2																																		2	2			
Diabetes	1			1										1		1																										
Diseases of the Nervous System																																										
Cerebral embolism			1	1																																						
Cerebral hemorrhage, apoplexy		5	6	11		1	1	2	2	4	1					2	1	3																		1	1					
General paralysis of the insane		5	1	6							5	1	6																													
Exhaustion—mental excitement		1	7	8																																		3	3			
Epilepsy		7	6	13																																		3	3			
Diseases of the Circulatory System																																										
Myocarditis	12	6	18	1	1	2		2	2							3	2	5																			2	5				
Angina pectoris				1	1																																					
Arteriosclerosis	41	17	58	7	5	12	16	4	20		1	1																									1	15				
Coronary thrombosis	1	1	2																																							
Diseases of the Respiratory System																																										
Bronchopneumonia			1	1																																						
Lobar pneumonia	1	8	9					2	2					1		1																					3	3				
Infected bronchial cyst			1	1																																						
Gangrene of lung			2	2																																						
Diseases of the Digestive System																																										
Gastric ulcer	1	1	2																																							
Biliary calculi		1	1																																							
Non-Veneral Diseases of Genito-Urinary System and Annexa																																										
Nephritis	4	3	7																																							
Uremia		1	1																																							
Other Causes not Included in Above Groups																																										
Hyper-insulinism			1																																							
Suicide by hanging		3	3																																			1				
Accidental traumatism—fracture of hip	1		1		1																																					
Arthritis deformans	1		1																																							
Total	95	82	177	9	9	18	18	10	28	6	2	8	4		4	6	8	14	2	3	5	10	15	25	1	1	2	6	10	16		2	2	1	1	2	5		5	27	21	48

*Includes group 22, "without psychosis."

CAUSES OF DEATH OF PATIENTS CLASSIFIED WITH REFERENCE TO PRINCIPAL PSYCHOSES
COLORED RACE

CAUSES OF DEATH	COLORED RACE																													
	Total			Senile			With cerebral arteriosclerosis			Syphilitic meningo-encephalitis			Manic-depressive			Involuntal psychoses			Dementia praecox			Convulsive disorders (epilepsy)			With mental deficiency			All other psychoses		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
Epidemic, Endemic and Infectious Diseases	11	16	27	..	..	..	..	..	..	..	..	..	1	2	3	..	..	..	2	8	10	4	2	6	..	1	1	4	3	7
Tuberculosis of the respiratory system	1	2	3	..	..	..	1	..	1	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1
Syphilis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
General Diseases not Included in Class I	1	1	2	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..
Cancer and other malignant tumors	1	7	8	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	1	1	1	5	6
Pellagra	1	1	2	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..
Diabetes	1	1	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..
Malnutrition	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	1
Diseases of the Nervous System	1	1	2	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..
Cerebral hemorrhage, apoplexy	26	10	36	..	..	..	..	..	26	10	36	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
General paralysis of the insane	13	17	30	..	..	..	2	..	2	1	..	1	3	7	10	..	1	1	2	3	5	..	..	..	2	2	5	4	9	9
Exhaustion—mental excitement	13	17	30	..	..	..	2	..	2	1	..	1	3	7	10	..	1	1	2	3	5	..	..	..	2	2	5	4	9	9
Epilepsy	8	2	10	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	1	1	7	..	7	..	..	..	1	..	1	1
Diseases of the Circulatory System	12	3	15	1	..	1	3	..	3	..	..	..	1	1	..	..	..	..	4	1	5	..	..	..	..	4	1	5	5	5
Endocarditis and myocarditis	21	22	42	4	8	12	6	5	11	..	..	..	2	2	..	..	..	..	2	6	8	..	..	..	..	9	1	10	10	10
Arteriosclerosis	2	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	..	1	..	1	..	1
Coronary thrombosis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Diseases of the Respiratory System	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..
Abscess of lung	2	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	1	..	1	..	1
Bronchopneumonia	2	3	5	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	1	1	..	1	1	1	2	2
Lobar pneumonia	2	1	3	..	..	..	1	..	1	1	..	1	..	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..	..	..
Hypostatic pneumonia	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Non-Veneral Diseases of Genito-Urinary System and Annexa	..	1	1	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Nephritis	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1
Uremia	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	1
Total	105	89	194	5	10	15	14	6	20	28	11	39	5	14	19	..	1	1	14	21	35	12	4	16	..	4	4	27	18	45

AGE OF PATIENTS AT TIME OF DEATH CLASSIFIED WITH REFERENCE TO PRINCIPAL PSYCHOSES
WHITE RACE

PSYCHOSES	Total		15-19 years		20-24 years		25-29 years		30-34 years		35-39 years		40-44 years		45-49 years		50-54 years		55-59 years		60-64 years		65-69 years		70 years and over														
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T												
Psychoses with syphilitic meningo-encephalitis (general paresis)	6	2	8	..	..	..	..	..	..	..	2	..	2	1	..	1	1	2	..	2	1	1	..	..	..	..	..							
Alcoholic psychoses	4	..	4	..	..	..	..	1	..	1	1	..	1	..	..	..	..	1	..	1	1	..	1	..	..	..	1							
Psychoses due to drugs or other exogenous poisons .....	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..	..	..	1							
Psychoses with cerebral arteriosclerosis	18	10	28	..	..	..	..	..	..	..	..	..	2	2	1	2	1	2	3	5	2	7	6	2	8	4	1	5	1	..	1	..	1	
Psychoses with other disturbances of circulation	12	7	19	..	..	..	1	1	2	..	2	2	1	1	2	1	2	3	1	1	1	2	3	2	4	1	6	4	1	..	5	..	1			
Psychoses with convulsive disorders (epilepsy)	6	10	16	..	2	2	1	1	2	..	2	2	1	1	2	..	1	1	..	1	1	2	..	..	..	..	..	..	..	..	..	1	..	1
Senile psychoses	9	9	18	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	2	..	1	1	2	1	5	6	8	4	12	..	1	..	1
Involuntional psychoses	2	3	5	..	..	..	..	..	..	..	..	..	..	..	..	..	2	2	1	1	2	..	1	2	1	..	..	..	..	..	..	1	..	1
Psychoses due to other metabolic, etc., diseases	5	3	8	..	..	..	1	..	1	..	..	..	1	1	2	..	1	1	..	..	1	1	2	1	..	1	..	1	..	1	..	1	..	1
Psychoses due to new growth	1	..	1	1	1				
Psychoses associated with organic changes of the nervous system	1	1	2	1	..	1	1	1	1	2				
Psychoneuroses	2	2	1	1	1	1				
Manic-depressive psychoses	6	8	14	..	..	..	..	..	..	1	1	..	1	..	2	1	..	1	1	2	1	3	1	2	3	1	2	3	1	1	2	6	..	2
Dementia præcox (schizophrenia)	10	15	25	..	2	2	..	1	1	1	1	..	1	1	2	2	2	2	2	2	3	5	2	2	2	1	3	2	4	6	..	2	..	2					
Paranoia and paranoid conditions	1	1	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	2
Psychoses with psychopathic personality	1	1	2	..	..	..	..	..	..	..	..	..	..	..	1	1	1	..	1	..	..	..	..	..	..	..	..	..	..	..	1	1	..	2
Psychoses with mental deficiency	5	..	5	1	1	1	1	1	..	1	..	2	..	2	1	1	1	..	1	..	1				
Undiagnosed psychoses	3	3	6	1	1	1	..	1	1	2	..	2	1	..	1	1	1	2	1	1	2				
Total with psychosis	90	76	166	..	2	2	2	1	3	3	3	6	4	3	7	4	1	5	5	6	11	3	5	8	12	7	19	12	9	21	13	12	25	13	14	27	19	13	32
Without Psychosis	3	2	5	1	..	1	..	1	1	1	1	1	..	1	1	..	1	1	..	1	1	..	1	1	1			
Mental deficiency	2	4	6	..	1	1	1	1	1	1	..	1	1	..	1	1	..	1	1	..	1	1	1		
Other, unclassified and unknown psychosis		
Total without psychosis	5	6	11	1	1	2	..	1	1	1	1	1	1	1	1	2	1	1	2	1	1	2	1	..	1	1	1	..	1	..	1			
Grand Total	95	82	177	1	3	4	2	2	4	3	3	6	4	3	7	4	2	6	5	6	11	3	5	8	12	8	20	13	10	23	14	13	27	14	14	28	20	13	33

AGE OF PATIENTS AT TIME OF DEATH CLASSIFIED WITH REFERENCE TO PRINCIPAL PSYCHOSES
COLORED RACE

PSYCHOSES	Total			Under 15 years			15-19 years			20-24 years			25-29 years			30-34 years			35-39 years			40-44 years			45-49 years			50-54 years			55-59 years			60-64 years			65-69 years			70 years and over			
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T				
Psychoses with syphilitic meningo-encephalitis (general paresis)	28	11	39	..	2	2	1	1	2	3	2	5	6	1	7	6	..	6	3	1	4	1	..	1	3	2	5	2	..	2	1	1	2	..	1	1	2	..	2	
Psychoses with other forms of syphilis of the central nervous system	2	..	2	2	2	2	1	1	2	..	1	1	2	..	3
Psychoses with cerebral arteriosclerosis	14	6	20	1	..	1	1	1	1	1	1	1	..	1	5	2	..	7	2	1	3	3	2	5	2	1	3	
Psychoses with other disturbances of circulation	13	1	14	1	..	1	1	1	..	1	1	1	1	1	1	1	3	3	2	..	2	4	..	4	1	..	1		
Psychoses with convulsive disorders (epilepsy)	12	4	16	1	1	6	1	7	3	1	4	1	..	1	2	1	3	1	1	1	1	3	..	1	1	2	1	3	2	4	..	6
Senile psychoses	5	10	15	1	1	1	1	1	3	..	1	1	2	1	3	2	4	..	6	
Involuntary psychoses	..	1	1	1	1	
Psychoses due to other metabolic, etc., diseases	2	8	10	1	1	1	1	..	2	2	..	1	1	1	1	1	1	1	1	1	1	1	1	1	
Manic-depressive psychoses	5	14	19	1	1	1	..	1	1	1	5	6	2	2	2	..	1	2	3	2	2	1	1	1	1	1	1	1	1	..	2	2	1	1	
Dementia praecox (schizophrenia)	14	21	35	1	1	3	..	1	1	3	..	1	1	2	..	2	2	5	7	3	3	3	3	3	3	1	4	5	..	2	2	2	4	3	1	4	..	4	
Psychoses with mental deficiency	..	4	4	1	1	..	1	1	1	1
Undiagnosed psychoses	3	1	4	1	1	2	1	1	..	1	1	1
Total with psychosis	98	81	179	..	2	2	2	2	4	5	5	10	10	10	20	14	4	18	11	8	19	8	11	19	4	5	9	9	11	20	10	8	18	10	5	15	5	4	9	10	6	16	..
Without Psychosis	..	1	1	2	2	2	2	4	1	1	1
Epilepsy	7	5	12	2	2	2	2	4	1	..	1	1	1	1	1	1	1	1	..	1	1	..	1	1
Mental deficiency	..	2	2	..	1	1	1	1
Other, unclassified and unknown psychosis	..	2	2	..	1	1	1	1
Total without psychosis	7	8	15	..	1	1	2	..	2	2	2	4	1	1	2	1	1	2	..	1	1	1	1	1	..	1	1	..	1	1
Grand Total	105	89	194	..	3	3	4	2	6	7	7	14	11	11	22	14	4	18	12	9	21	8	12	20	4	5	9	9	12	21	11	8	19	10	6	16	5	4	9	10	6	16	..

TOTAL DURATION OF HOSPITAL LIFE OF PATIENTS DYING IN HOSPITAL
WHITE RACE

PSYCHOSES	Total			Less than 1 month			1-3 months			4-7 months			8-12 months			1-2 years			3-4 years			5-6 years			7-8 years			9-10 years			11-12 years			13-14 years			15-19 years			20 years and over					
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T						
Psychoses with syphilitic meningo-encephalitis (general paresis)	6	2	8	1	..	1	1	1	2	2	..	2	1	..	1	1	..	1	..	1	..	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1			
Alcoholic psychoses	4	..	4	1	..	1	..	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
Psychoses due to drugs or other exogenous poisons	..	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
Psychoses with cerebral arteriosclerosis	18	10	28	4	3	7	5	..	5	2	1	3	1	2	3	4	3	7	1	1	2	..	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Psychoses with other disturbances of circulation	12	7	19	4	2	6	..	1	1	1	..	1	1	1	1	3	3	6	6	3	3	3	..	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Psychoses with convulsive disorders (epilepsy)	6	10	16	1	1	1	1	1	1	1	1	2	2	2	1	3	1	2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	
Senile psychoses	9	9	18	1	..	1	2	2	2	1	3	1	2	3	3	2	3	5	..	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Involuntal psychoses	2	3	5	1	..	1	1	1	1	1	2	1	1	1	..	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Psychoses due to other metabolic, etc., diseases	5	3	8	..	2	2	1	1	2	1	1	..	1	..	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Psychoses due to new growth	1	..	1	1	1	
Psychoses associated with organic changes of the nervous system	1	1	2	1	1	1	1	
Psychoneuroses	..	2	2	1	1	..	1	1	1	1	..	1	1
Manic-depressive psychoses	6	8	14	..	1	1	..	1	1	1	1	2	2	2	4	1	1	2	..	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Dementia praecox (schizophrenia)	10	15	25	..	1	1	..	1	1	1	1	2	..	2	4	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Paranoia and paranoid conditions	1	1	2	1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Psychoses with psychopathic personality	1	1	2
Psychoses with mental deficiency	5	..	5	1	1	2	..	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Undiagnosed psychoses	3	3	6	1	2	3	1	1	2	..	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
Total with psychosis	90	76	166	12	11	23	8	7	15	9	4	13	6	6	12	15	13	28	9	8	17	3	2	5	5	3	8	6	4	10	1	4	5	3	..	3	4	3	7	9	11	20	
Without Psychosis																																													
Mental deficiency	3	2	5	1	..	1	1	1	2	1	..	1	1	1	1	1	1	1	1	1	2
Other, unclassified and unknown psychosis	2	4	6	..	3	3	1	..	1	1	1	2
Total without psychosis	5	6	11	..	3	3	2	..	2	1	1	2	1	..	1	1	1	1	1	1	1	1	1	2	
Grand Total	95	82	177	12	14	26	10	7	17	9	4	13	6	6	12	16	14	30	9	8	17	4	2	6	5	3	8	6	4	10	1	4	5	3	..	3	4	4	8	10	12	22	

TOTAL DURATION OF HOSPITAL LIFE OF PATIENTS DYING IN HOSPITAL
COLORED RACE

PSYCHOSES	Total			Less than 1 month			1-3 months			4-7 months			8-12 months			1-2 years			3-4 years			5-6 years			7-8 years			9-10 years			11-12 years			13-14 years			15-19 years			20 years and over				
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T					
Psychoses with syphilitic meningo-encephalitis (general paresis)	28	11	39	7	1	8	6	4	10	2	3	5	4	1	5	5	1	6	3	..	3	1	..	1	..	1	1		
Psychoses with other forms of syphilis of the central nervous system	2	..	2	1	..	1		
Psychoses with cerebral arteriosclerosis	14	6	20	4	..	4	4	1	5	1	1	2	1	..	1	4	2	6	1	..	1	
Psychoses with other disturbances of circulation	13	1	14	1	..	1	4	..	4	1	..	1	1	..	1	4	1	5	1	..	1	1	..	1	
Psychoses with convulsive disorders (epilepsy)	12	4	16	..	1	1	1	..	1	1	..	1	1	..	2	..	2	..	2	..	2	
Senile psychoses	5	10	15	4	4	..	1	1	2	..	2	1	..	1	
Involucional psychoses	..	1	1	
Psychoses due to other metabolic, etc., diseases	2	8	10	1	2	3	..	2	2	1	1	2	..	2	..	3	3	3	
Manic-depressive psychoses	5	14	19	2	4	6	2	2	2	1	3	..	4	4	..	1	1	
Dementia praecox (schizophrenia)	14	21	35	1	..	1	1	3	4	..	3	1	..	1	1	2	3	1	2	3	..	1	1	2	2	2	6	11	17		
Psychoses with mental deficiency	..	4	4	1	1	..	1	1	..	1	1
Undiagnosed psychoses	3	1	4	2	1	3
Total with psychosis	98	81	179	19	9	28	15	11	26	5	10	15	8	2	10	19	13	32	10	6	16	5	1	6	3	4	7	2	..	2	5	4	9	..	3	3	1	4	5	6	14	20	..	
Without Psychosis	..	1	1
Epilepsy	..	1	1
Mental Deficiency	7	5	12	1	..	1	2	2	4	..	2	..	2	1	1	2	1	1	1	1	2	..
Other, unclassified and unknown psychosis	..	2	2	..	1	1	1	1
Total without psychosis	7	8	15	1	1	2	1	1	2	2	4	..	2	..	2	1	1	2	..	1	1	..	1	1	1	1	..	2	..
Grand Total	105	89	194	20	10	30	15	11	26	5	11	16	8	2	10	21	15	36	12	6	18	5	1	6	3	4	7	3	1	4	5	5	10	..	4	4	1	4	5	7	15	22	..	

AGES AND DURATION IN HOSPITAL OF THOSE DYING OF PELLAGRA

	TOTAL	30-34 Years	35-39 Years	40-44 Years	45-49 Years	50-54 Years	60-64 Years
	White Males Colored Females Total	White Males Colored Females Total	White Males Colored Females Total	White Males Colored Females Total	White Males Colored Females Total	White Males Colored Females Total	White Males Colored Females Total
Less than one month .....	..	..	..	..	..	..	..
1-3 months	2	1	1	..	..	..	..
4-7 months .....	..	1	..	..	..	..	..
8-12 months .....	..	1	2	..	1	1	..
1-2 years .....	..	1	1	1	..	..	..
15-19 years .....	..	1	1	..	..	1	..
20 years and over .....	..	1	..	..	..	1	..
Total	2	7	10	1	1	4	2

RESULTS OF PELLAGRINS ADMITTED

	White Males	White Females	Total White	Colored Males	Colored Females	Total Colored	Total White and Colored
Dead	1	1	2	3	3	6	8
Discharged	1	1	2	1	...	1	3
Out on Parole	3	2	5	1	...	4	9
Still in Hospital	1	2	4	...	5	5	9
Total	6	7	13	5	11	16	29

OCCUPATIONS AND DAILY AVERAGE NUMBER OF PATIENTS OCCUPIED

	White Males	White Females	Colored Males	Colored Females	Total
Baggage room	2	4	...	...	6
Bakery	18	...	...	...	18
Barber shop	2	1	1	...	4
Broom making	2	...	...	...	2
Carbolizing detail	6	...	7	...	13
Cleaning walls	4	...	...	...	4
Coal pile and detail	18	...	10	...	28
Dairy .....	...	...	10	...	10
Dental office	1	...	...	...	1
Diet kitchen .....	...	2	...	...	2
Dining room	74	88	60	58	280
Fancy work .....	...	28	...	...	28
Farm	40	...	130	...	170
Firemen .....	...	...	3	...	3
Fish detail	6	...	...	...	6
Florist	4	...	5	...	9
Garbage	4	...	1	...	5
Garden, vegetable	3	...	12	...	15
Herdsmen	1	...	2	...	3
Hog feeders .....	...	...	2	...	2
Kitchen	18	...	50	14	82
Laboratory	1	...	...	...	1
Laundry	1	...	20	26	47
Mattress making	4	...	...	...	4
Mending .....	...	23	...	...	23
Musicians	3	...	...	...	3
Offices and halls	12	2	...	...	14
Printers	2	...	...	...	2
Scrubbers .....	...	...	50	...	50
Sewer Cleaners	6	...	4	...	10
Sewing on ward	1	...	...	...	1
Sewing room .....	...	57	...	58	115
Stairways	5	...	...	...	5
Storeroom	13	...	...	...	13
Trucks and wagons	1	...	9	...	10
Vegetable house .....	...	43	...	44	87
Ward work	298	282	257	151	988
Weaving	3	...	...	...	3
Wood yard and cutting	3	...	10	...	13
Yard detail	18	6	10	20	54
Total	574	536	653	371	2,134

RESIDENCE OF PATIENTS PRESENT JUNE 30, 1942

COUNTIES	White Males	Colored Males	White Females	Colored Females	Total
Abbeville	15	19	22	12	68
Aiken	37	41	40	35	153
Allendale	17	15	10	7	49
Anderson	69	28	84	24	205
Bamberg	5	7	6	21	39
Barnwell	9	23	7	19	58
Beaufort	6	25	4	19	54
Berkeley	4	24	13	14	55
Calhoun	10	19	9	13	51
Charleston	68	93	96	75	332
Cherokee	22	13	29	11	75
Chester	31	23	23	27	104
Chesterfield	26	17	22	17	82
Clarendon	17	26	15	35	93
Colleton	27	21	19	22	89
Darlington	34	31	32	22	119
Dillon	9	9	18	9	45
Dorchester	10	15	10	21	56
Edgefield	9	19	8	18	54
Fairfield	17	21	9	25	72
Florence	21	40	28	35	124
Georgetown	13	24	6	15	58
Greenville	97	48	106	35	286
Greenwood	32	34	37	18	121
Hampton	10	12	11	16	49
Horry	22	14	22	8	66
Jasper	2	13	3	7	25
Kershaw	21	29	18	29	97
Lancaster	23	14	19	16	72
Laurens	39	29	24	17	109
Lee	14	12	15	18	59
Lexington	28	13	38	9	88
Marion	7	18	20	19	64
Marlboro	10	25	17	23	75
McCormick	5	8	4	9	26
Newberry	17	16	18	12	63
Oconee	21	12	26	10	69
Orangeburg	24	47	40	53	164
Pickens	43	6	26	7	82
Richland	79	82	113	88	362
Saluda	10	14	8	6	38
Spartanburg	111	54	121	47	333
Sumter	24	40	24	53	141
Union	24	14	26	12	76
Williamsburg	13	32	13	28	86
York	37	38	43	31	149
Total	1,189	1,177	1,302	1,067	4,735

RESIDENCE OF PATIENTS RECEIVED FROM JULY 1, 1941 THROUGH JUNE 30, 1942

COUNTIES	White Males	Colored Males	White Females	Colored Females	Total
Abbeville	12	7	2	2	23
Aiken	5	6	6	13	32
Allendale	2	6	1	1	11
Anderson	23	2	21	2	49
Bamberg	7	1	4	1	13
Barnwell	6	1	4	4	15
Beaufort	1	7	1	3	12
Berkeley	3	4	3	2	12
Calhoun	1	6	1	1	9
Charleston	16	19	25	9	69
Cherokee	4	2	11	...	17
Chester	6	2	8	5	21
Chesterfield	8	2	5	8	23
Clarendon	5	8	3	15	31
Colleton	3	7	3	2	15
Darlington	12	12	7	7	38
Dillon	3	6	5	1	15
Dorchester	5	5	4	1	15
Edgefield	4	7	...	4	15
Fairfield	7	5	2	8	22
Florence	10	10	7	6	33
Georgetown	6	3	2	4	15
Greenville	34	13	34	9	90
Greenwood	11	8	10	...	29
Hampton	5	4	3	4	16
Horry	7	3	8	1	19
Jasper	1	3	...	2	6
Kershaw	9	8	8	7	32
Lancaster	8	2	2	4	16
Laurens	10	5	9	2	26
Lee	5	2	2	3	12
Lexington	12	2	12	4	30
Marion	3	6	2	6	17
Marlboro	5	3	5	3	16
McCormick	2	4	3	1	10
Newberry	9	4	3	2	18
Oconee	8	2	10	5	25
Orangeburg	19	7	6	11	43
Pickens	13	1	9	2	25
Richland	30	14	33	20	97
Saluda	2	2	3	1	8
Spartanburg	46	18	34	7	105
Sumter	12	15	9	13	49
Union	10	...	9	3	22
Williamsburg	4	9	4	6	23
York	11	11	10	7	39
Total	427	274	353	224	1,278

TREASURER'S REPORT

June 30, 1942

C. F. Williams, M.D., Superintendent, South Carolina State Hospital, Columbia, S. C.

Dear Sir:

I am attaching the financial report for the year July 1, 1941-June 30, 1942:

INCOME

Our income, consisting of the following:

Appropriation	\$1,317,250.00
Deficiency Appropriation	79,726.26
(Permanent Improvement \$10,689.00)	
Fees	\$33,079.43
Deposited to Bond Account	9,380.00
Available for maintenance	23,699.43
	\$1,420,675.69

proved sufficient for our needs.

COST OF OPERATION

The net expenditure for maintenance is \$1,420,675.69. The daily average population is 4,687 and the daily per capita cost .8304.

The permanent improvement item is still being held as a contribution to a possible Works Progress Administration Project for the erection of an Administration building and Nurses Home at State Park.

FARM OPERATIONS

Altho the rapid and steady turnover in milker personnel at the dairies lowered milk production and an unusually heavy rain destroyed the greater part of the watermelon plants on the Pil farm; the dairies and each of the farms continue to show a profit, the total for all four units being \$32,804.63.

Yours respectfully

H. T. PATTERSON

Treasurer

FINANCIAL STATEMENT FOR THE FISCAL YEAR ENDED
JUNE 30, 1942

Receipts

Balance on hand from previous fiscal year:

Revolving fund	\$35,000.00
1939-1940 appropriation for W. P. A. project	10,689.00
Received from appropriations	1,396,976.26
Received from paying patients	26,229.74
Received from all other sources	6,849.69
	<hr/>
Total receipts	\$1,475,744.69

Disbursements

1. Expenditures for maintenance:

Salaries and wages	\$498,356.76
Provisions	486,364.40
Fuel, light and water	45,461.38
All other expenditures for maintenance	390,493.15
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Total expenditures for maintenance \$1,420,675.69

2. Expenditures for all purposes other than maintenance, including new buildings, other additions and permanent betterments:

Building revenue bond and interest redemption fund	9,380.00
	<hr/>

Total expenditures \$1,430,055.69

Balance on hand at close of fiscal year:

1939-1940 appropriation for W. P. A. project	10,689.00
Revolving fund	35,000.00
	<hr/>

Total disbursements (including balance on hand) \$1,475,744.69

Receipts

Revolving fund from previous year	\$35,000.00
1939-1940 appropriation on hand for W. P. A. project	10,689.00
From paying patients	26,229.74
From dairies and farms	3,613.87
From diversional occupation department	272.25
From sundry sources	2,963.57

From appropriations:

Maintenance	1,276,710.90
Columbia Dairy	47,253.72
Columbia Farm	14,875.05
Moore Farm	11,028.87
Pil Farm and Dairy	47,107.72

Total receipts	\$1,475,744.69
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Disbursements

Paid for following activities:

Maintenance	\$1,300,410.33
Columbia Dairy	47,253.72
Columbia Farm	14,875.05
Moore Farm	11,028.87
Pil Farm and Dairy	47,107.72
Building Revenue Bond and Interest Redemption Fund	9,380.00
1939-1940 appropriation on hand for W. P. A. project	10,689.00
Revolving fund on hand at close of fiscal year	35,000.00

Total disbursements	\$1,475,744.69
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Statement of condition of Building Revenue Bond and Interest Redemption Fund for year ended June 30, 1942.

July 1, 1941 balance on hand	\$9,580.00
Received from paying patients	9,380.00

Total receipts	\$18,960.00
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Paid for the following:

August 1, 1941, interest	\$1,500.00	
August 1, 1941, principal	5,000.00	
February 1, 1942, interest	1,400.00	7,900.00

June 30, 1942 balance on hand	\$11,060.00
(\$5,000.00 bond retirement, interest, surplus)	

Statement of \$550,000.00 of Certificates of Indebtedness of the State of S. C. for the S. C. State Hospital and State Training School. Dated January 1, 1942.

Received from State Treasurer	\$498.65
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Expenditures:

Attorney's fees	\$250.00
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Preliminary expenses:

Ledgers, printing	\$85.75	
Advertising	94.00	
Docketing fee	10.00	
Travel	36.80	
Telephone and telegraph	20.98	
Registering certificate	1.12	248.65

\$498.65	\$498.65
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GENERAL INFORMATION

July 1, 1941 - June 30, 1942

1. Date of opening as a hospital for mental diseases: December 18, 1827
(Date of founding of institution: December 21, 1821)
2. Type of hospital: State
3. Value of hospital property:

Real estate (including buildings)	\$3,770,902.39
Personal property	486,431.00
 Total	 \$4,257,333.39
Total acreage of hospital property owned (including farms, grounds, gardens, and sites occupied by buildings)	2,726.05
Additional acreage rented (woods for shade)	3
Total acreage under cultivation during previous year (including land owned and cultivated)	1,008.77

4. OFFICERS AND EMPLOYEES

	M	F	T	Vacancies at end of year		
				M	F	T
Superintendents	1	....	1			
Clinical Directors	1	....	1			
Assistant Physicians	13	1	14	4	....	4
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
Total Physicians*	15	1	16	4	....	4
Attendants	183	188	371			
Chaplain	1	....	1			
Dentist	1	....	1			
Dietitian .....	....	1	1			
Laboratory and X-Ray Technicians	3	2	5			
Matrons and Assistant Matrons .....	....	2	2			
Nurses: Graduates .....	....	37	37			
Students .....	....	55	55			
Occupational Therapists .....	....	5	5			
Office Personnel .....	....	20	20			
Other Employees not listed	237	76	313			
Pharmacist	1	....	1			
Social Workers .....	....	2	2			
Stewards	2	....	2			
Supervisors and Asst. Supervisors	7	10	17			
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
Total Officers and Employees	450	399	849			

*Eight members of the staff are serving with the armed forces.

	White		Colored		Total
	M	F	M	F	
5. Patients employed in industrial classes or in general hospital work on date of report	574	536	653	371	2134
6. Average daily number of all patients actually in hospital during the year	1182	1288	1159	1058	4687
7. Patients admitted voluntarily during the year	24	25	2	1	52
8. Persons given advice or treatment in mental hygiene clinics during the year	328	285	41	41	695

COLUMBIA DAIRY REPORT: 1941-1942

Credits

Animals caught in fields	\$1.00
Animals sold	2,710.20
Beef: 15,399.75 pounds @ .165	2,540.96
Compost	2,218.72
Feed sold	35.24
Hay	3.62
Hides and tallow	229.39
Milk: 217,190.05 gallons @ .25-.31 to Hospital	60,975.97
Sacks (empty)	271.50

Inventory—June 30, 1942:

Dairy and farm implements	2,490.50
Feed	5,706.73
Fertilizer	717.41
Grade cattle	1,325.00
Pure bred cattle	42,550.00
Work animals (6)	1,170.00

 \$122,946.24

COLUMBIA DAIRY REPORT: 1941-1942

Debits

Inventory—July 1, 1941:

Dairy and farm implements	\$1,843.25
Feed	5,744.23
Fertilizer	428.73
Grade cattle	2,120.00
Pure bred cattle	37,614.00
Work animals (6)	1,290.00
Agricultural and botanical supplies	616.32
Bedding	682.42
Board of attendants and laborers	2,248.80
Depreciation of plant	675.25

Equipment	940.09
Feed	33,114.13
Freight and express	1,736.72
Hauling	2,109.03
Horse-shoeing	18.26
Insurance on buildings	305.61
Interest on amount invested in cattle	600.00
Kerosene, gasoline, oil	112.16
Materials for repairs to equipment, etc.	318.18
Miscellaneous supplies	217.66
Pasture	1,098.00
Pay roll	12,878.52
Plowing (tractor)	86.40
Registration fees	206.50
Rent of land (102.48 acres @ 4.00)	409.92
Seeds and plants	441.26
Slaughtering	4.00
Subscriptions to magazines	10.50
Testing cows for advanced registry	310.11
Veterinarian and veterinary supplies	110.33
Balance in favor of Columbia Dairy	14,655.86
	<hr/>
	\$122,946.24

COLUMBIA FARM REPORT: 1941-1942

Credits

Beans (butter—in hull): 204.15 bu. @ 1.00	\$204.15
Beans (string): 194.76 bu. @ .75	146.07
Beets: 226.4 bu. @ .75 and 1.50	279.60
Cabbage: 4,911 pounds @ .0125	61.39
Carrots: 100.4 bu. @ 1.00	100.40
Chitterlings	225.80
Collards: 748 pounds @ .0125	9.35
Compost	347.00
Corn (roasting ear): 844.4 dozen @ .10	84.40
Cucumbers: 18.47 bu. @ .60	11.08
Ensilage	3,557.75
Feed sold	48.60
Fertilizer	46.44
Hay	2,983.50
Hogs sold	226.23
Mowing	5.25
Okra: 272.81 bu. @ 1.00	272.81
Onions (spring): 317.11 bu. @ .85	269.54
Peas (green—field): 20.7 bu. @ .60	12.42
Pepper: 5.89 bu. @ .75	4.42
Plants and seeds sold .....	.85
Pork: 137,715 pounds @ .145	19,968.67

Sacks (empty)	223.20
Salad: 362.66 bu. @ .50	181.33
Shucks	46.13
Slaughtering	327.00
Spinach: 30.5 bu. @ 1.00	30.50
Squash: 276.47 bu. @ .80	221.18
Tomatoes: 156.94 bu. @ .50	78.47
Turnips: 2,712.78 bu. @ .25 and .75	939.08
Inventory—June 30, 1942:	
Feed and seed	3,182.00
Fertilizer	1,131.56
Hogs	6,370.00
Implements and machinery	1,615.35
Work animals (10)	1,635.00
	<hr/>
	\$44,846.52

COLUMBIA FARM REPORT: 1941-1942

Debits

Inventory—July 1, 1941:	
Bees	\$8.00
Feed and seed	1,035.00
Fertilizer	564.97
Hogs	5,754.00
Implements and machinery	1,614.30
Work animals (10)	1,845.00
Agricultural and botanical supplies	1,752.40
Board of attendants and laborers	2,430.00
Depreciation on buildings	500.00
Equipment	67.90
Feed for hogs	4,269.60
Freight and express	7.40
Garbage fed to hogs	1,641.84
Hauling	154.67
Hogs purchased	100.00
Horse-shoeing	28.91
Insurance on buildings	253.58
Interest on amount invested in hogs	36.00
Kerosene, gasoline, oil	120.00
Materials for repairs to equipment, etc.	251.75
Miscellaneous supplies	119.70
Pay roll	7,217.35
Plowing (tractor)	189.00
Rent of land (142.02 acres, incl. cabins, @ 4.00)	736.08
Seeds and plants	861.23
Subscriptions to magazines	2.00
Veterinarian and veterinary supplies	202.18
Balance in favor of Columbia Farm	13,083.66
	<hr/>
	\$44,846.52

MOORE FARM REPORT: 1941-1942

Credits

Beans (butter—in hull) : 121 bu. @ 1.00	\$121.00
Beans (string) : 100 bu. @ .75	75.00
Bedding	97.88
Beets : 132 bu. @ 1.50	198.00
Cabbage : 36,800 pounds @ .0125	460.00
Cantaloupes : 397.5 dozen @ .40	159.00
Collards : 7,800 pounds @ .0125	97.50
Corn (ear) : 600 bu. @ .85	510.00
Corn (roasting ear) : 84 dozen @ .10	8.40
Corn (shelled) : 1,679.525 bu. @ .75, .80 and .85	1,356.18
Cucumbers : 44 bu. @ .60	26.40
Feed	6,311.97
Hauling, etc.	1,303.00
Hay	2,545.37
Oats	91.91
Okra : 79 bu. @ 1.00	79.00
Onions (spring) : 237 bu. @ .85	201.45
Pasture	733.00
Peas (English) : 23 bu. @ 1.50	34.50
Peas (green—field) : 144 bu. @ .50	72.00
Pepper : 3 bu. @ .75	2.25
Planting pine seedlings (10 years)	200.00
Plants and seeds sold	20.00
Potatoes (Irish) : 459 bu. @ 1.00	459.00
Potatoes (sweet) : 1,829 bu. @ .75	1,371.75
Salad : 1,799 bu. @ .50	899.50
Shucks	65.33
Squash : 161 bu. @ .80	128.80
Tomatoes : 442 bu. @ .50	221.00
Turnips : 1,072 bu. @ .75	804.00
Watermelons : 1,554 @ .06	93.24

Inventory—June 30, 1942:

Feed and seed	1,128.00
Fertilizer	981.60
Implements and machinery	1,750.50
Work animals (15)	3,050.00

\$25,656.53

MOORE FARM REPORT: 1941-1942

Debits

Inventory—July 1, 1941:

Feed and seed	\$1,171.00
Fertilizer	637.52
Implements and machinery	1,334.10
Work animals (15)	2,780.00
Agriculture and botanical supplies	4,522.71
Board of attendants	240.00
Depreciation of plant	250.00
Equipment	606.40
Freight and express	1.88
Hauling	774.00
Horse-shoeing	18.58
Insurance on buildings	119.96
Materials for repairs to equipment, etc.	306.58
Miscellaneous supplies	12.25
Pay roll	5,201.05
Plants and seeds	947.46
Plowing (tractor)	494.10
Rent of land (400 acres, incl. cabins, @ 2.00) ..	1,088.00
Subscriptions to magazines	2.00
Work animals purchased	600.00
Balance in favor of Moore Farm	4,548.94
	<hr/>
	\$25,656.53

PIL FARM AND DAIRY REPORT: 1941-1942

Credits

Animals sold	\$59.53
Beef: 21,573 pounds @ .165	3,559.54
Cantaloupes: 2,919 dozen @ .40	1,167.60
Compost	250.00
Ensilage	3,045.00
Feeding hospital team and employees' hogs ..	420.00
Hauling	360.00
Hides and tallow	248.37
Milk: 112,759.5 gallons @ .25 and .31 to Hospital ..	31,956.29
Planting pine seedlings (10 years)	200.00
Pork: 54,503 pounds @ .145	7,902.93
Potatoes (Irish): 2,721 bu. @ 1.00	2,721.00
Potatoes (sweet): 2,829 bu. @ .75	2,121.75
Sacks (empty)	44.49
Watermelons: 2,600 @ .06	156.00



Inventory—June 30, 1942:

Feed and seed	5,257.02
Fertilizer	429.00
Grade cattle	15,025.00
Hogs	2,334.00
Implements and machinery	2,855.60
Pure bred cattle	5,940.00
Work animals (25)	5,010.00

 \$91,063.12

PIL FARM AND DAIRY REPORT: 1941-1942

Debits

Inventory—July 1, 1941:

Feed and seed	\$2,256.54
Fertilizer	577.25
Grade cattle	15,820.00
Hogs	2,325.00
Implements and machinery	2,529.25
Pure bred cattle	6,280.00
Work animals (23)	4,792.00
Agricultural and botanical supplies	6,840.30
Bedding	790.31
Board of attendants and laborers	2,520.00
Cattle purchased	25.00
Depreciation of plant	250.00
Equipment	812.93
Feed	26,389.96
Freight and express	431.70
Garbage	261.77
Hauling	478.75
Hogs purchased	30.00
Horse-shoeing	19.03
Insurance on buildings	221.10
Interest on amount invested in cows	250.00
Interest on amount invested in hogs	12.00
Kerosene, gasoline, oil	20.62
Materials for repairs to equipment, etc.	456.95
Miscellaneous supplies	231.06
Pay roll	10,695.42
Plowing (tractor)	1,043.10
Rent of land (427 acres, incl. cabins, @ 2.00) ..	1,070.00
Seeds and plants	1,918.96
Slaughtering	21.00
Subscriptions to magazines	4.00
Testing cows for advanced registry	266.17
Veterinarian and veterinary supplies	206.78
Work animals purchased	700.00
Balance in Favor of Pil Farm and Dairy	516.17

 \$91,063.12